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LETTSOMIAN LECTURES

ON INSANITY.

BY

FORBES WINSLOW, M.D., D.C.L.

LATE PRESIDENT OF THE MEDICAL SOCIETY
OF LONDON, ETC.



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TO
THE PRESIDENT, COUNCIL, AND FELLOWS
OF THE
Medical Society of London,
THIS WORK
IS RESPECTFULLY DEDICATED,
BY THE AUTHOR.



WHEN the London Medical, and Westminster, Societies were amalgamated, in 1850, the Council, in order to do honour to the name and memory of Dr. Lettsom, the illustrious founder and noble benefactor of the Parent Institution, established two Lectureships, to be held annually by a physician and surgeon, who were to be designated the "Lettsomian Professors of Medicine and Surgery."

At the first nomination, G. Owen Rees, M.D., F.R.S., and Mr. Guthrie, F.R.S., were appointed to these offices ; and in the second year, the Council selected Mr. Hancock and myself to occupy the Surgical and Medical Chairs.

In my official capacity of "Lettsomian Professor of Medicine," I delivered before the President, Council, and Fellows of the "Medical Society of London," the three Lectures embodied in this volume. They have already appeared in the columns of the *Lancet*, and subsequently in the *Journal of Psychological Medicine*.

It will be apparent to those who peruse these Lectures, that they form but a *mere outline* of the important subjects which it has been my object to elucidate

Albemarle Street,
June, 1854.



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ERRATUM.

Page 65, line 11, *for* "enumerated," *read* "enunciated."

LECTURE I.

THE PSYCHOLOGICAL VOCATION OF THE PHYSICIAN.

HAVING had the honour of being appointed Lettsomian Professor of Medicine, of the *Medical Society of London*, I accepted the office with, I trust, a humble appreciation of my capacity to discharge satisfactorily its duties in a manner commensurate with their grave importance. The distinction conferred upon me is one not to be lightly esteemed. To be selected from a body of physicians of great and admitted eminence, of profound learning, of scientific attainments of a high order, of undoubted eloquence, as Lettsomian lecturer on Medicine, is an event which I shall ever cherish with lively emotions, as one of the most pleasing and personally gratifying occurrences in my chequered life.

The post thus assigned to me by your kindness, entails upon me the pleasing duty of delivering, before this Society, *three* lectures connected with that division of medical science with which the physician is supposed to be especially conversant. In selecting three topics for illustration, I felt anxious to bring under review subjects worthy of your consideration; and involving in their elucidation, points of theoretical as well as of practical interest. I flattered myself that I should be realizing your anticipations, and be acting in unison with the wishes of the Council, if I were to confine myself to the exposition of three points connected with those investigations with which my own mind is supposed to be more particularly occupied. Under this impression, I have, with, I hope, a right sense of the difficulty of my self-imposed task, selected, as the subject of my first and introductory lecture, a question of extreme interest to all engaged in the practice of medicine.

Having, from an early period, of my professional studies, formed a high estimate of the importance of the science of mental phi-

losophy, and devoted much attention to the investigation of questions relating to the influence of the spiritual upon the material portions of the organization, I may, perhaps, be excused, if I should, in the course of my remarks upon the necessity of a more general and accurate knowledge of the science of mind, convey a somewhat extravagant conception of the value of that section of inquiry which presents so many charms to my own imagination. With the object of demonstrating the theoretical and practical advantages resulting from this investigation, I have undertaken, in my first lecture, to illustrate the *special psychological attributes of the physician*—to claim for the cultivators of medical science higher and more exalted functions than those usually assigned to them—to consider the physician in his *spiritual* character, as having at his command, and under his control, a *medicina mentis* as well as a *medicina corporis*—agents of great power and magnitude—which have not been sufficiently recognised or appreciated. It will be my object to establish the close connexion between the SCIENCE OF MIND, and the SCIENCE AND PRACTICE OF MEDICINE, and to illustrate the true philosophic character of the professors of the healing art. “Δει μεταγεῖν τὴν σοφίαν εἰς τὴν ἰατρικὴν, καὶ τὴν ἰατρικὴν εἰς τὴν σοφίαν· ἰατρός γὰρ φιλοσοφός ἰσοθεός.”*

We form but a low and grovelling estimate of our high destination—of the duties of our dignified vocation—if we conceive that our operations are limited to a successful application of mere PHYSICAL AGENTS. God forbid that we should thus vilify ourselves, and degrade our noble science! “A physician whose horizon is bounded by an historical knowledge of the human machine, and who can only distinguish terminologically and locally the coarser wheels of this piece of intellectual clockwork, may be, perhaps, idolized by the mob; but he will never raise the Hippocratic art above the narrow sphere of a mere bread-earning craft.”† The physician is daily called upon, in the exercise of his profession, to witness the powerful effect of mental emotion upon the material fabric. He recognises the fact, although he may be unable to explain its rationale. He perceives that moral causes induce disease, destroy life, retard recovery, and often interfere with the successful operation of the most potent remedial means exhibited for the alleviation and cure of bodily disease and suffering. Although such influences are admitted to play an

* Hippocrates.

† Schiller.

important part, either for good or for evil, I do not conceive that, as physicians, we have sufficient appreciation of their great importance.

“If a patient dies,” says M. Reveillé-Parise, “we open his body, rummage among the viscera, and scrutinize most narrowly all the organs and tissues, in the hope of discovering lesions of some one sort or another; there is not a small vessel, membrane, cavity, or follicle, which is not attentively examined; the colour, the weight, the thickness, the volume, the alteration—nothing escapes the eye of the studious anatomist. He handles, touches, smells, and looks at everything; then he draws his conclusions one way or another. One thing only escapes his attention; that is, he is looking at merely organic effects, forgetting all the while that he must mount higher up to discover their causes. These organic alterations are observed, perhaps, in the body of a person who has suffered deeply from mental distress and anxiety; these have been the energetic cause of his decay, but they cannot be discovered in the laboratory or the amphitheatre. Many physicians of extensive experience are destitute of the ability of searching out and understanding the moral causes of disease; they cannot read the book of the heart, and yet it is in this book that are inscribed, day by day, and hour by hour, all the griefs, and all the miseries, and all the vanities, and all the fears, and all the joys, and all the hopes of Man, and in which will be found the most active and incessant principle of that frightful series of organic changes which constitute pathology. This is quite true—whenver the equilibrium of our moral nature is long or very seriously disturbed, we may rest assured that our animal functions will suffer. Many a disease is the *contre-coup*, so to speak, of a strong moral emotion; the mischief may not be apparent at the time, but its germ will be nevertheless inevitably laid.”*

In proportion as we recognise our psychological character and position, and estimate the effect of these spiritual agents, shall we be successful at the bedside, elevate ourselves in the social scale, and not only deserve, but command, the respect of the public, and place the science of medicine upon the highest vantage-ground of which it is susceptible. How is it possible for us to influence the minds, of others if we have no accurate knowledge of the constitution and operation of our own under-

* “On Moral Therapeutics.” Paris.

standings? As well might the physician administer, for the relief of an acute malady, a material agent of whose properties and *modus operandi* he is avowedly ignorant.

“He that would govern others, first should be
The master of himself, richly endued
With depth of understanding, height of knowledge.”

MASSINGER.

Referring generally to the present aspect of that branch of philosophy whose claims I am now advocating, I would, *in limine*, observe, that the advancement of mental science has of late years been greatly retarded by the prejudices which have prevailed in reference to all abstract metaphysical investigations. An impression has existed, that this inquiry unfitted the mind for the contemplation of subjects more immediately associated with the useful and practical affairs of every-day life; that the researches of metaphysicians served only to darken, bewilder, and dazzle the understanding, and to teach the use of pedantic jargon, and of obscure and transcendental phraseology. Hence arose the sarcasm, that to recommend a person to engage in the study of metaphysics was a delicate and indirect mode of suggesting the propriety of subjecting him to the restraint of an asylum. “I am the person you wish to see,” said the illustrious Plato to his foreign guests, who desired an introduction to the grave philosopher, under the impression that they were to see a man exhibiting qualities very different from those possessed by ordinary mortals. Does, I would ask, the mind grow severe in proportion to its enlightenment? Why should a knowledge of the most exalted department of philosophy unfit us for the active pursuits of life, or for the society of mankind? Need we be surprised at the attempts which have been made, in the present utilitarian age, to depreciate the study of metaphysical philosophy, when we take a retrospective glance at its history. The modern metaphysician is engaged in more useful and loftier speculations than that of considering whether the *essence* of mind be distinct from its *existence*, and what are the qualities inherent in it as a nonentity? Whether angels passed from one point of space to another without passing through the intermediate points? Whether they can visually discern objects in the dark? Whether more than one angel can exist at the same moment in the same physical point? Whether they can exist in a perfect vacuum,

with any relation to the absolute incorporeal void? Whether, if an angel were *in vacuo*, the void could still be termed perfect? These, and similarly abstruse and absurd speculations, seriously occupied the patient attention of a few of the learned schoolmen and theologians of former times, and gave rise to the idea of the science of metaphysics being the art of talking grave nonsense upon subjects beyond the limits of the human understanding. We are not justified, however, in any wholesale condemnation of these apparently profitless and Quixotic speculations. May we not use the language of the founder of the Inductive Philosophy, and say of the ancient schoolmen, that, "in seeking for brilliant impossibilities, they sometimes discovered useful realities."

Bacon, when referring to the researches of the alchemists for the philosopher's stone, says, that they performed the office of the husbandman, who, in seeking for a hidden treasure, turned up the soil, and pulverized the earth, thereby rendering it better fitted for the purposes of vegetation. Although the schoolmen were baffled in their attempts to discover the essence of the soul, and to ascertain, with any degree of satisfaction to their own minds, the precise number of angelic spirits who could *pirouette* at the same instant upon the point of a needle, they nevertheless opened a path for the philosopher, amidst the dreary forest which he had to traverse, and pointed out to him the dangerous portions of his journey, in which they themselves had stumbled and fallen.

Modern Metaphysics, and its sister science, Theology, hold the same relations to the rhapsodies of the schoolmen as modern chemistry does to the speculations of the alchemist. No right-thinking men would repudiate the study of modern chemistry on account of the obscure and apparently profitless researches of the alchemists: by parity of reasoning, are we justified in denouncing the serious and patient study of mental philosophy, on account of the scholastic jargon, nonentities, unmeaning generalities, and inanities, of some of the ancient metaphysicians?

In forming an estimate of the value of any branch of philosophical inquiry, we must be cautious how we apply the interrogatory, *cui bono*?—neither must we adopt as our model of imitation the mathematician who, refusing to admit that any advantage could result from the study of a science not directly related to his own favourite study, exclaimed, when recommended to read Milton's "Paradise Lost," "What does it prove?"

Are the lofty emotions, the glorious imagery, the sublime speculations, the melodies that have charmed our ear, elevated our thoughts, improved our hearts, ennobled our nature, purified our manners, and thrown rays of sunshine over the dreary and thorny path of life, to be dismissed from our contemplation because they have no obvious and direct relationship to the practical business of life? Let us not encourage the vulgar prejudice against those exalted inquiries that have no apparent or intimate association with the science of medicine, which constitute the charm and poetry of life, and exercise a powerful influence upon the intellectual progress of nations, the civilization of the world, and the character, happiness, and destiny of man!

“—— Desolator! who shall say
Of what thy rashness may have reft mankind?
Take the sweet poetry of life away,
And what remains behind?”

Goëthe, when referring to the healthful influences of imaginative literature upon the heart and intellect, eloquently observes,—
“When the man of the world is devoting his days to wasting melancholy for some deep disappointment, or in the ebullience of joy is going out to meet his happy destiny, the lightly-moved and all-conceiving spirit of the poet steps forth to be the sun from night to day, and, with soft transitions, tunes his harp to joy or woe. From his heart, its native soil, springs up the lovely flower of wisdom; and if others, while waking, dream, and are pained with fantastic delusions from their every sense, he passes the dream of life like one awake, and the strangest incidents are to him a part both of the past and of the future. And thus the poet is at once a teacher, a prophet, and a friend of gods and men. At the courts of kings, at the tables of the great, beneath the windows of the fair, the sound of the poet was heard, when the ear and soul were shut to all beside; and men felt as we do when delight comes over us, and we pause with rapture, if, among dingles we are crossing, the voice of the nightingale starts out touching and strong. The poets found a home in every habitation of the world, and the lowliness of their position exalted them the more. The hero listened to their songs, and the conqueror of the earth did reverence to the poet, for he felt that without poets his own wild and vast existence would pass away and be forgotten for ever.”*

* “Wilhelm Meister.”

Would that I could, in equally lofty, fervid, and touching eloquence, impress upon others the conception which I myself have formed of the value—the practical importance—to the physician, of a more general acquaintance with those branches of polite literature which serve to chasten the taste, discipline the mind, develop holy aspirations after truth, invigorate the understanding, improve the heart, and keep in abeyance those corroding emotions which often embitter our existence, engender disease, and shorten the duration of human life. The science of mind has been truly designated "*the science of ourselves*," of all that surrounds us, "of everything which we enjoy and suffer, or hope and fear; so truly the science of our very being, that it would be impossible for us to look back on the feelings of a single hour without constantly retracing phenomena that have been there, to a certain extent, the subject of our analysis and arrangement. The thoughts and faculties of our intellectual frame, and all which we admire as wonderful in the genius of others; the moral obligation which, as obeyed or violated, is ever felt by us with delight or with remorse; the virtues of which we think as often as we think of those whom we love, and the vices we ever view with abhorrence or with pity; the traces of divine goodness, which never can be absent from our view, because there is no object in nature which does not exhibit them; the feeling of our dependence upon the gracious Power that formed us; and the anticipation of the state of existence more lasting than that which is measured by the few beatings of our feeble pulse,—these, in their perpetual recurrence, impress upon us the vast importance of a knowledge of the philosophy of the human mind."*

When referring to the influence of such studies upon the mind, Burke, with great eloquence and truth, observes, that "whatever progress may be made towards the discovery of truth in this matter, we shall not repent the pains we have taken in it. The use of such inquiries may be very considerable. Whatever turns the soul inward on itself, tends to concentrate its forces and to fit it for greater and stronger flights of science. By looking into physical causes, our minds are opened and enlarged, and in this pursuit, whether we take, or whether we lose our game, the chase is certainly of service. Cicero, true as he was to the academic philosophy, and consequently led to reject the certainty of phy-

* Browne.

sical as of every other kind of knowledge, yet truly confesses its great importance to the human understanding : '*Est animorum ingeniorumque nostrorum naturale quoddam quasi pabulum consideratio contemplatioque naturæ.*' If we can direct the light we derive from such exalted speculations upon the humbler field of the imagination, whilst we investigate the springs and trace the courses of our passions, we may not only communicate to the taste a sort of philosophical dignity, but we may reflect back on the severer sciences some of the graces and elegances of taste, without which, the greatest proficiency in those sciences will always have the appearance of something illiberal."

This science, apart altogether from its direct utility, has other great and obvious advantages, which, in the absence of more conclusive recommendations in its favour, ought to demonstrate to us the importance and value of a knowledge of our own mental constitution. The discipline—the training—the expansion—which the mind undergoes in the study of its own operations, are of themselves benefits not lightly to be appreciated. The cultivation of habits of accurate observation and reflection, of patient attention, of rigid induction, of logical ratiocination, qualifies the mind for the more ready pursuit of those branches of knowledge that are considered to be more closely connected with the practical and active business of life. The mental *gymnasium* to which I refer is admirably fitted for the development, regulation, and cultivation of those faculties of the mind upon the right exercise of which depends our intellectual advancement and happiness.

It is not my wish, in advocating the claims of mental philosophy, to undervalue those sections of knowledge which have an almost exclusive reference to the *physical* sciences. I am quite disposed, however, to admit that it is an unfortunate effect of mere physical inquiry, when exclusively directed to the properties of external things, to render the mind in our imagination subordinate to the objects to which it is directed; the faculties are nothing, the objects are everything. The very nature of such inquiry leads us perpetually without to observe and arrange, and nothing brings us back to the observer and arranger within; or if we do occasionally cast an inquisitive glance on the phenomena of our thought, we bring back with us what Bacon, in his nervous

language, calls the "*smoke and tarnish of the furnace.*" The mind seems to be broken down to the littleness of the objects which it has been habitually contemplating; and we regard the faculties that measure earth and heaven, and that add infinity to infinity, with a curiosity of no greater interest than that with which we investigate the angles of a crystal, or the fructification of a moss. Such are represented, by a philosopher* of high standing, as the inevitable consequences of a too exclusive devotion to the study of mere physical phenomena. But I would advance a step further, and maintain that a knowledge of the philosophy of the human mind is indispensable to the successful prosecution of physical science; that without a knowledge of mental phenomena, a high degree of perfection and accuracy could not be attained in any of the collateral branches of knowledge.

I cannot dismiss this division of my subject without directing your attention to another branch of study intimately associated with the science of medicine and mental philosophy, and one most essential to the education of the psychological physician. I allude to *logic*, or the art of reasoning. Need I advance an argument, to establish the importance of a more general knowledge of that science which analyses the operations of the human understanding in the pursuit of truth. Mr. Stuart Mill places this science upon its right basis, when he argues that logic is not (as some maintain) the science of *belief*, but of *proof* or *evidence*. Its object is not to teach the physician what the symptoms are which indicate disease: these he must acquire from his own experience and observation, or from that of others. But logic, as he maintains, sits in judgment on the sufficiency of that observation and experience to justify his rules, and on the sufficiency of his rules to justify his conduct. It does not give him proofs, but teaches him what makes them proofs, and how he is to judge of them. Logic can never show that the fact A proves the fact B, but it can point out to what conditions all facts must conform, in order that they may prove other facts. "It is," says Mr. Mill, "to use the words of Bacon, the *ars artium*, the science of science itself. All science consists of *data* and of conclusions from these *data*, of proofs and what they prove. Now, logic points out what relations must subsist between data and whatever can be con-

* Browne.

cluded from them; between proof and anything which it can prove." It is not sufficient to establish that a knowledge, a technical knowledge, of the process of reasoning, an apt appreciation of the use and application of recognised logical formulæ, is not actually necessary to enable a person to reason rightly, in order to prove that an acquaintance with the science is not indispensable to the physician. It is true, as Dr. Gregory observes, that a sailor may navigate a ship, who is ignorant of the principles of navigation, and a person may construct a dial, who knows nothing of the principles of astronomy, spherical trigonometry, or the projection of the sphere. Extensive experience, a natural quickness of apprehension, an intuitive perception of the relationship between phenomena, a capability of ready generalization, often make a man a good practical logician who has no knowledge of a syllogism, or of the elements of logical science. Among the higher order of practical intellects there have been many of whom it was remarked, "how admirably they suit their means to an end, without being able to give any sufficient reason for what they do, and apply, or seem to apply, recondite principles which they are wholly unable to state."

But, as medical philosophers, we must not be satisfied with this natural aptitude or intuitive perception of the principles of logic. The science of medicine is especially amenable to the rules of logical and inductive reasoning. Having to unravel the mysterious phenomena of life, the investigation and treatment of those deviations from its normal state, termed disease, peculiarly expose us to many sources of error and fallacy, unless we cautiously keep in view the great truths inculcated by the Baconian philosophy, and are guided by the unerring principles taught by its illustrious founder—

"The great deliverer, he who from the gloom
Of cloistered monks, and jargon-teaching schools,
Led forth the true philosophy."

There are but few gifted men in our profession, or in any other walk of modern science, of whom we could, in justice, say that they were able to dispense with the patient study of facts, or with the recognised *formulæ* of logical and inductive science. It was remarked of the immortal Newton, that he appeared to arrive *per saltum* at a knowledge of principles and conclusions that ordinary mathematicians only reached by a succession of

steps, and after the result of much labour, long-continued and profound meditation. It is only by strictly applying the principles of the inductive process of reasoning—by which we conclude that what is true of certain individuals of a class, is true of the whole class; or that which is true at certain times, will be true under similar circumstances at all times—that medicine will take rank with the exact sciences, and its cultivators have a right to claim a foremost position among the distinguished philosophers of the day. In the study of medicine, perhaps more than in any other science, we are peculiarly exposed to the danger of adopting false facts, of being seduced by specious and hasty generalizations, and led into error by deducing general principles from the consideration of a few particulars—the bane of all right and sound reasoning—the foundation of all bad philosophy. It is on this account that logic should form a part of the curriculum of our medical schools.

In analysing the passions, it is our duty to ascertain, if possible, the nature of the mysterious union existing between particular organic tissues and certain emotions of the mind. Why, for example, should the passion of fear specially affect the heart, and, if of long continuance, induce actual physical changes in the centre of the circulation? How can it be explained that in certain diseases of the heart the patient often manifests a morbid apprehension of some approaching calamity? Again, it is for the medical psychologist to ascertain the *modus operandi* of the passion of anger upon the hepatic secretion, and the re-action of disease of the liver upon the irascible temperament. How does fear cause diarrhœa, and predispose the system to the action of contagion? Again, may it not be possible to elucidate the action of terror in suddenly arresting hæmorrhage; and explain why the apprehension of threatened disgrace checks attacks of convulsive disease arising from a morbid principle of imitation, and arrests the progress of epidemic suicide? The emotion of hope is known specifically to influence the respiratory functions, and in the last stages of pulmonary disease the patient is often buoyed up with the certain expectation of recovery, whilst the angel of Death is hovering about him. “How frequently have I seen the delicate female, in the last stage of pulmonary consumption, lighted up, and everything assume a bright and cheerful aspect about her. New schemes of happiness have been contemplated,

new dresses prepared, and everything was brilliant in her prospects, whilst her parents lived under the greatest apprehension and solicitude, the physician seeing nothing but inevitable fate for the poor victim whose distemper has deluded her.”*

In endeavouring to solve these and other subtle points in psychology, we must be prepared to encounter the ridicule and opposition of those who taboo all such speculations as futile and presumptuous. In our patient and persevering study of abstract philosophical truth, we must not be discouraged by such indifference and opposition. It may be legitimately within the compass of the medico-psychologist, aided by discoveries in physiological and other collateral sciences, to unravel the nature of that mysterious union existing between mind and matter; and to trace the origin and source of the emotions, and the mode in which spirit and matter reciprocally act upon each other. The man devoted to the discovery of these great truths may be compelled to resign himself to the neglect and contumely of his contemporaries. Such, alas! has too often been the fate of those great and noble spirits who have shed undying lustre on the land which gave them birth, and the record of whose deeds forms the brightest spot in our country's annals. It is the recollection of the history of such martyrs to science as Harvey and Jenner, which induces us to exclaim with Coleridge, “Monsters and madmen are canonized, whilst Galileo is buried in a dungeon!” A Brahmin crushed with a stone the microscope that first developed to his vision living things among the vegetables of his daily food. Professor Sedgwick, when referring to this fact, observes, “The spirit of the Brahmin lives in Christendom. The bad principles of our nature are not bounded by *caste* or *climate*, and men are still to be found, who, if not restrained by the wise and humane laws of their country, would try to stifle by personal violence, and crush by brutal force, any truth not hatched by their own conceit, and confined within the narrow fences of their own ignorance.”

In analysing the nature of the passions, ascertaining their connexion with each other, mode of action upon the system, and special relationship to certain organic structures, it is necessary to recollect that they are planted in us for wise, beneficent, and noble purposes; and it is only when they are abused, and not

* Sir H. Hallford.

subjected to a healthy discipline, that they induce disease, and affect the duration of life. While the impressions made upon the nervous system are moderate, and restrained within due bounds—when there is a natural gratification of the passions, guided and ennobled by reason, the effect produced upon the system is rather of a beneficial than of a pernicious nature. The “passions are, in morals,” says Sydney Smith, “what motion is in physics: they create, preserve, and animate; and without them, all would be silence and death. Avarice guides men across the deserts of the ocean; Pride covers the earth with trophies, mausoleums, and pyramids; Love turns men from their savage rudeness; Ambition shakes the very foundation of kingdoms. By the love of glory, weak nations swell into magnitude and strength. Whatever there is of terrible, whatever there is of beautiful in human events, all that shakes the soul to and fro, and is remembered while thought and flesh cling together,—all these have their origin in the passions. As it is only in storms, and when their coming waters are driven up into the air, that we catch a glimpse of the depths of the ocean; so it is only in the season of perturbation that we have a glimpse of the real internal nature of man. It is then only that the might of these eruptions, shaking his frame, dissipate all the feeble coverings of opinion, and rend in pieces that cobweb veil with which fashion hides the feelings of the heart. It is then only that Nature speaks her genuine feelings; and as at the last night of Troy, when Venus illumined the darkness, and Æneas saw the gods themselves at work, so may we, when the blaze of passion is flung upon man’s nature, mark in him the signs of a celestial origin, and tremble at the invisible agent of God.”

“Who that would ask a heart to dulness wed,
The waveless calm, the slumber of the dead?”

CAMPBELL.

Having, I trust, established the necessity of a more general acquaintance with mental philosophy, it is now my province to demonstrate its practical application as a therapeutic agent in the hands of the physician.

From the annals of empiricism the psychological physician may glean many useful lessons. “*Fas est et ab hoste doceri*,” is a maxim as applicable to medical as it is to moral and political science. May not the success that sometimes follows the admi-

nistration of an extravagantly eulogized nostrum often depend upon the *moral confidence* inspired in its much-vaunted efficacy? Medicine often has a curative efficacy *because the patient is told and believes that it will cure*—is unerring in its effects—infallible in its results. Let us learn a lesson from this fact, and remember the observation of Coleridge, that “he is the best physician who is the most ingenious inspirer of hope.” How often has a disease which has baffled the skill of the scientific, practical man, vanished before the spell of a village witch. A patient afflicted with a malady which refused to yield to the demands of legitimate medicine, surrendered himself into the hands of a notorious quack. A friend endeavoured to rescue him from the grasp of the charlatan. He saw the daily fee accompanying the daily deceit, and expostulated; when the patient exclaimed, “For God’s sake, destroy not the hopes that man holds out to me: upon them I live! without them I die!”

In acute attacks of disease, the patient who has the least fear of dying has, *ceteris paribus*, the fairest prospect of recovery. The tonic and often stimulating influence of HOPE not only arrests the progress of organic mischief, but invigorates the system, thus warding off the approach of disease. Aretæus, appreciating the importance of rousing and supporting, by means of moral agents, the nervous system, when in a state of depression and debility, expressly counsels the patient to be of good heart, and advises the physician to entertain him with agreeable conversation, and to do his utmost to encourage hope and confidence. With a view of abstracting the mind of the patient from a contemplation of his own sufferings, he directs that his mind should be diverted with the sight of plants in full bloom, and agreeable paintings; and suggests that the bed of the patient should be placed near a window commanding a beautiful prospect. The chamber, he says, should be strewn with flowers; amusing books should be read, and the soothing influences of music should be brought to bear upon the moral treatment of the case. The mind of the patient should not be permitted to dwell upon his physical malady; and he should be constantly buoyed up with the hope of recovery. When speaking of the plague of Athens, Thucydides says that “the most affecting circumstance connected with the epidemic was the great and fearful mental dejection which accompanied the attack. The mind appeared at once to sink into

despair, and the patient often gave himself up without a struggle."

We all fully appreciate the potency of mental depression among the predisposing causes of contagious disease. During the prevalence of epidemic diseases, it may be a matter worthy of consideration whether there are not some powerful MORAL REMEDIES, by means of which they may be shorn of much of their virulence. It is a question entitled to serious discussion, what are the best means within our reach to effect so desirable an object? Many may smile at the idea of attempting, by any mental measures, to create a revulsion in the public mind, and thus to destroy, if possible, all fear and apprehension. When Rome was threatened with pestilence, the public authorities marched in solemn procession to the national temple, and means were adopted for appeasing the anger of the gods. The psychological effect of this, to our minds, superstitious proceeding, was to allay public apprehension, and to excite hope and confidence. May not we adopt measures somewhat analogous to arrive at similar results? Have we not within our power effectual means of acting upon the public mind *en masse*, for creating, during the existence of those fearful panics which so often accompany the prevalence of pestilential diseases, a new turn to the current of thought, and of dispelling unnecessary fears and morbid apprehensions? God has so intimately associated the spiritual with the material portion of our organization, that He will not consider that we are slighting His dispensations, or making light of His awful providence, if, in obedience to His will, and in conformity to the recognised laws influencing the mysterious union of mind and matter, we adopt moral or mental means for curing or preventing disease.

Such being a view of the question sanctioned by Religion and Science, it behoves us to consider whether some measures might not be adopted for the purpose of abstracting the public mind from its own depressing apprehensions, thus rendering the system less liable to be acted upon by those physical agents alleged to give origin to the disease. This is only suggestive; it may be entirely impracticable; but whether it be so or no, I have not the slightest doubt of the soundness of the *principle*, and of the importance of adopting every legitimate means of allaying any panic that may occur, and of looking beyond the mere physical means at our disposal, for the prevention and cure of disease.

It is our duty, during these painful epochs, to dismiss from the mind the contemplation of subjects calculated to awaken gloomy apprehensions, to depress the feelings, and exhaust the nervous energy. Every reasonable mode of inducing cheerfulness and serenity should be encouraged. Constant and agreeable occupation will do much good. An effort should be made to excite emotions of a pleasurable character. The exercise of charitable feelings, the determination to keep in abeyance all the corroding passions—such as anger, jealousy, revenge, covetousness—and the effort to cultivate “love, peace, and good-will toward men,” will be found of positive advantage in invigorating the *physique*, and thus rendering innocuous the poison of contagion.

We should never forget that those whose vital powers are debilitated are the most susceptible to epidemic maladies,—that the depressing emotions induce this predisposition more certainly than any other cause. A humble reliance on the will of God, a well-sustained piety and cheerfulness, are the safest and most legitimate means (apart from the use of physical agents) of preventing the spread of epidemic maladies. During the prevalence of any such visitation, it is our duty individually, as well as nationally, to fortify and strengthen the system, by resolutely determining not to yield to useless fears and childish apprehensions; and, so far as it is in our power, to inspire ourselves and our neighbours with energy and courage, and as a powerful prophylactic agent, to cultivate

“Sweet, unanxious quiet for the mind.”

They are the happiest, the healthiest, and the longest-lived, who systematically cultivate *ease of mind*. On this subject a popular writer has justly observed, that “This happy state of mind is in a great measure within the reach of all who diligently seek after it. It does not depend upon the amount of our worldly possessions, but upon our mode of using them; not upon our ability to gratify our desires, but upon our regulation of them. They who diligently cultivate the habits necessary to attain ease of mind, place themselves almost above its disturbance. To the mortifications of disappointed ambition they are not at all exposed, and by the crosses of adverse fortune very little; whilst unavoidable afflictions in the well-constituted soften rather than sour the mind, and cannot be said to destroy its ease. Like cypresses, they throw a shade over the current, but in no way disturb its smoothness. Strict and

constant discipline can insure ease of mind in poverty and privation.”*

To the physician specially occupied in the investigation of the deranged conditions of the mind, how indispensable is a knowledge of mental philosophy! Unless acquainted with the constitution of the human understanding, we are but ill adapted to unravel or appreciate the intricate phenomena of its disordered action, or to apply for their cure or alleviation those medical and moral agents which advanced science has placed within our reach. Before the morbid mental state can be diagnosed or understood, it is necessary for the physician to be intimately conversant with some normal standard of comparison, otherwise he possesses no test by means of which he can arrive at a safe conclusion. Who would confide in the judgment of a physician who endeavoured, by means of the stethoscope, to ascertain the nature of any particular disease of the heart and lungs, if he were ignorant of the normal action of those organs? Is not a knowledge of the healthy operations of thought as necessary to the physician who is called upon to pronounce whether, in any given case, an apparently suspicious deviation from the normal condition of the intellect is or is not the effect of disease?

Is it necessary that I should seriously endeavour to establish the importance not only of a knowledge, but of a profound knowledge of the human understanding, its affections, propensities, emotions, and its instincts, to those occupied in the study of mental alienation, and specially and personally engaged in the treatment of the insane? Alas! an acquaintance with this section of philosophy is rarely deemed necessary in the education of those intended for psychological practice. Hitherto, with few exceptions, those engaged in this branch of practical medicine have not only been grossly ignorant of the constitution of the human mind, but unacquainted with the first principles of medical science. It is only in recent times that it has been considered necessary to ascertain whether parties desiring to undertake the care and treatment of the insane† have any other qualification to

* “The Original,” by Walker.

† When asylums for the insane are entrusted exclusively to physicians acquainted with the *anatomy of the human mind*, or, in other words, with the science of *medical psychology*, they will realize the conception of the great Esquirol, and become “instruments of cure, and, in the hands of the skilful physician, most powerful therapeutic agents against mental maladies.”

recommend them to the office than the possession of a house of certain dimensions, and a sufficient amount of capital to enable them to carry into effect the mere commercial speculation. A surgeon, before he undertakes the performance of an operation, or the treatment of a serious, or even of a trifling injury, is expected to have devoted many years to the study of anatomy and the practice of surgery. A physician is considered to be conversant with the different branches of medical science; to have watched by the bedside the operation of various medicinal agents, exhibited in certain states of disease; and to be thoroughly conversant with the science of therapeutics and the phenomena of morbid action. But a knowledge of the most intricate, complicated, and subtle phenomena with which we have to deal—namely, the faculties of the human mind—is considered to come by intuition, no preparatory psychological education being deemed necessary to those devoted to the treatment of the insane. What would be said of our own mental condition, if we were to place in the hands of a blacksmith a delicate chronometer, for the purpose of having its movements regulated? And should we not expose ourselves to severe animadversion, if we permitted a man ignorant of the anatomical construction of the body, to cut down upon the subclavian artery, for the purpose of applying a ligature to the vessel? Is it less absurd, less destructive to the integrity of the intellectual part of our constitution, to place under the care of persons grossly ignorant of the elements of the science of mind, cases of disease requiring, above all others, for their judicious and successful management, an intimate knowledge of healthy mental phenomena? “Great powers of reason are requisite,” says Vogel, “to understand men destitute of reason.” To treat the various phases of disordered mind with any hope of a successful issue, requires on the part of the psychological physician qualities of mind rarely seen in combination—tact, presence of mind, judgment, a ready appreciation of intricate morbid mental phenomena, a delicacy of taste, a high *morale*, a steadiness of purpose, elevation of character, great command of temper, and volitional power and resolute determination not to allow any amount of provocation to interfere with that calmness and serenity so indispensably necessary on the part of those brought into immediate association with the insane. If the mind be the instrument on which we are to operate in carrying out any systematic plan of moral treatment—if it be the duty of the physician to perseveringly “combat with delusions and hallu-

cinations, and to substitute for them correct and healthy impressions; to strengthen these impressions by judicious and repeated repetitions; remove perverted trains of reasoning—replace them by correct induction, and give them the power and influence of habit and frequent association:” how, I ask, can he make any progress in this mode of treatment, so long as he is ignorant of the *material* with which he is to work—in fact, with the faculties of the human understanding? If the man who has the advantage of an ordinary medical education is, on account of his ignorance of the philosophy of mind, obviously unfitted for the serious duties of treating its disorders scientifically and successfully, what language can convey our impression of the folly, the barbarity, and heartlessness, of entrusting the management of the insane to those who are not members of the profession at all, and who have enjoyed no more psychological or general education than that derived from their having acted as attendants in asylums, or that which they have received at a village school? Need we feel surprise at the little advancement made in the science of cerebral pathology, and the amount of public odium which has, alas! for so many years attached to those specially engaged in this anxious and important branch of practice, when we consider into whose hands this class has unhappily fallen? I trust, however, the day is not very remote, when the psychological physician, engaged in the treatment of insanity, will take his proper and legitimate position in the ranks of honourable and scientific men; and the opprobrious epithet with which the vulgar and illiterate assail him will be expunged from the vocabulary. When that epoch arrives, the public and the profession will esteem, respect, and venerate those who, at great and heroic personal sacrifices (often of health, life, and reason), devote their acquirements, energies, and talents, for the benefit of this section of the afflicted family of man. “I am at length rewarded,” says Müller,* “since, after twenty-six years’ intercourse with the insane, I have not become insane myself.” In a letter to Pinel it is observed, “The labourer in lead-works is thankful if he escapes lameness, and the medical attendant of a madhouse, if he does not there leave his reason. A more deliberate sacrifice to the mightiest good of mankind is not conceivable.”†

* Physician to the Julius Hospital, Wurzburg.

† “Aspects of Medical Life,” by Dr. Mackness.

There is another practical point connected with the study of medical psychology, which comes within the range of our investigation. It has reference to the influence of the will upon the physical organism. It has been maintained that the persistent direction of the volitional power to a particular organ or structure will eventually induce a morbid activity in the part, and give rise to lesions in the organic tissue itself. In many cases of hypochondriasis, a disease often associated with some form of visceral derangement, I have no doubt the sufferings, both mental and physical, are often aggravated by the patient imagining some particular structure or viscus to be the seat of disease; and from that circumstance, the attention being constantly directed to the organ, actual molecular changes in the organic elements of the part are induced. The persistent current of mental impulse, emotion, or volition towards an organ, impels to it an amount of nervous energy and blood sufficient to derange the circulation, and thus interfere with the function of nutrition, and induce organic alterations in the tissue. Does this fact admit of a psychical explanation. Viewing practically the operations of volition, I would ask whether it be not possible to prevent or cure actual physical and mental disease by an effort of the will; and if so, what is the rationale of the process? The will, by a constant exercise of its powers, has been known to acquire an influence over the involuntary organs. The case of Colonel Townsend is familiar to us all. This gentleman, by an effort of the will, could easily suspend the action of the heart, and thus induce, for a period, all the symptoms of apparent death. Celsus refers to a priest who exercised the same power over all the vital functions. In the language of Burton, "he could separate himself from his senses when he list, and lie like a dead man, void of life and sense."* Great expecta-

* A Colonel Townsend, residing at Bath, sent for Drs. Bayard and Cheyne, and a Mr. Skrine, to give them some account of an odd sensation, which he had for some time felt, which was, that he could expire when he pleased, and by an effort come to life again. He insisted so much on their seeing the trial made, that they were forced at last to comply. They all three felt his pulse, which was distinct, and had the usual beat. He then composed himself on his back for some time. By the nicest scrutiny, they were unable to discover the least sign of life, and at last were satisfied that he was actually dead; and were just about to leave him with the idea that the experiment had been carried too far, when they observed a slight motion in the body, and the pulsations of the heart returned, and he quite recovered. In the evening of the same day, however, he composed himself in the same manner, and really died.

tions may be entertained of recovery from an attack of illness, if the patient, with a recognition of his duty of submission to the will of God, resolutely determines not unnecessarily to yield to physical disease. The determination to be well, will, in certain morbid states of the system, do much to facilitate recovery, and will materially aid the physician in the exhibition of his curative agents. The author of *The Original* relates a curious circumstance connected with his own bodily health, which illustrates the power which the mind exercises over physical disease. He says: "Some months before I was born, my mother lost a favourite child by illness, owing, as she accused herself, to her own temporary absence; and that circumstance preyed upon her spirits and affected her health to such a degree, that I was brought into the world in a very weakly and wretched state. It was supposed I could not survive long, and nothing, I believe, but the greatest maternal care and tenderness preserved my life. During childhood, I was very frequently and seriously ill, often thought to be dying, and once pronounced to be dead. I was ten years old before it was judged safe to trust me from home at all, and my father's wishes to place me at a public school were uniformly opposed by my various medical advisers, on the ground that it would be my certain destruction. Besides continued bilious and inflammatory attacks for several years, I was grievously troubled with an affection of the trachea; and many times, after any excess in diet or exertion, or in particular states of the weather, or where there was new hay or decayed timber, my difficulty of breathing was so great, that life was miserable to me. On one occasion, at Cambridge, I was obliged to send for a surgeon in the middle of the night, and he told me, the next morning, that he thought I should have died before he could have opened a vein. I well recollect the relief it afforded my agony, and I only recovered by living for six weeks in a rigidly abstemious and most careful manner. During these years, and for a long time after, I felt no security of my health. At last, one day, when I had shut myself up in the country, and was reading Cicero's treatise *De Oratore*, some passage, I forget which, suggested to me the expediency of making the improvement of my health my study. I rose from my book, stood bolt upright, and determined to be well."* Mr. Walker then proceeds to narrate, in a number of

* "The Original," by Walker.

amusing essays, how he carried his resolution into effect. The result was a complete restoration to health, which he enjoyed until a short period previous to his death.

For the cure of many of the disorders of the nervous system, it is often necessary, for "the mind to minister to itself." If the patient confess an inability, in the more advanced stages of mental disease, by an effort of volition to "pluck from the memory a rooted sorrow," he undoubtedly has the power in the earlier or incipient forms of disordered mind, to destroy, by a resolute effort of the will, "those false creations of the heat-oppressed brain," those "thick-coming fancies," and those irregularities of thought and conduct, which, if permitted to run riot and uncontrolled, would induce the more serious, dangerous, and perhaps incurable forms of mental derangement. "By endeavouring, from benevolent motives, to smother the expression of our sorrows," says Dr. Reid, "we often mitigate their inward force. If we cannot imbibe the spirit, it is often profitable; as well as good-natured hypocrisy, to put on the appearance of cheerfulness."

"By *seeming* gay, we grow to what we seem."

Let us, as psychological physicians, impress upon the minds of those predisposed to attacks of mental aberration and other forms of nervous disease, the important truth, that they have it in their power to crush, by determined, persevering, and continuous acts of volition, the "floating atoms, the minute embryos, the early scintillations" of insanity. Many of the diseases of the mind, in their premonitory stage, admit, under certain favourable conditions, of an easy cure, if the mind has in early life been accustomed to habits of self-control, and the patient is happily gifted with strong *volitional power*, and brings it to bear upon the "scarcely-formed filaments of mental disease." "We should have fewer disorders of the mind, if we could acquire more power of volition, and endeavour, by our energy, to disperse the clouds which occasionally arise within our own horizon; if we resolutely tore the first threads of the net which gloom and ill-humour may cast around us, and made an effort to drive away the melancholy images of the imagination by incessant occupation."*

It is sometimes necessary, in the application of moral influences,

* "Essays on Hypochondriasis," &c., by Dr. Reid. (German Edition.)

to rouse the apprehensions of our patient by pointing out to him his position as an accountable agent. I cannot better illustrate this psychological function of the physician than by quoting an anecdote which has been recorded of the late Mr. Abernethy. A patient was brought to St. Bartholomew's Hospital with strangulated hernia. As the symptoms became alarming, the propriety of an operation was suggested to him, but he resolutely refused compliance; and although his alarming situation was fully pointed out, he persisted in his determination. On the following day a consultation was held, and it was agreed that no alternative remained but a speedy death, unless the operation were performed. When this was announced to the sufferer, he exclaimed, "I will rather die than submit!" As the surgeon and pupils were leaving the hospital, Mr. Abernethy entered. The position of the patient was at once explained to him. He immediately went to the bedside of the man, when the following conversation ensued:—"Well, well, my good fellow!" said Abernethy.—"They want," replied the patient, "to persuade me to be operated upon; but I would rather die!"—"Well," rejoined Mr. Abernethy, "I am sorry the operation is necessary; but have you thought of what there is after death? There is a day of judgment, and you will and must give an account of yourself to God. God has placed within our hands the means to use, and we must use them. If you refuse to use the means God has thus given, and which we think may save your life, you are, in a measure, answerable for your own death, and must account to God for this, with your other sins." The man appeared much impressed with Mr. Abernethy's appeal, and for a period continued silent and in deep thought. Mr. Abernethy said, "I will leave you for a few minutes to consider the subject." On returning, the man exclaimed, with great eagerness and decision, "I will submit to any operation that is necessary!" The operation was immediately performed, and his life was preserved.*

I have not yet spoken of the conduct of the physician whose special duty it is to attend and officiate at the period of parturition. There are no occasions when it is so essentially necessary for the medical practitioner to zealously watch the operation of moral causes upon the *physique* of his patient. The successful progress of labour is often dependent upon the temperament of

* Dr. Cooke.

the physician. The patient, anxious about her own state, and nervous as to the issue, watches every movement of the physician—his very attitude—his every look—his walk; his remarks, either addressed to herself, or those in the room, are closely scanned, and have a beneficial or a disastrous influence upon the mind of the patient. In proportion as the obstetric physician recognises the potency of mental agents upon the mind of the patient, and is facile in their adaptation to the idiosyncrasy of those with whom he is brought into contact, will he be successful in the practice of this important section of medical science.

The physician is often called upon, in the exercise of his responsible vocation, to discharge medico-theological functions. It is occasionally our painful duty to sit by the couch of the dying, and to witness the last fatal conflict between mind and matter. It is on such occasions that we have, either in co-operation with the recognised minister, or in his temporary absence, an opportunity of whispering words of comfort and consolation to the wounded spirit, and of directing the attention of the patient, and those immediately about him, to the only true and legitimate source of the Christian's hope. Let us not lightly esteem or neglect the solemn functions thus imposed upon us. It may be our privilege to co-operate with those whose sacred duty it is to inculcate the precepts of our holy religion, and to suggest, without subjecting ourselves to the imputation of officiousness, the *degree* and *kind* of conversation admissible under certain physical or mental states. A zealous but indiscreet clergyman may, by the character of his admonitions, fatally interfere with the successful progress of an acute case of disease, and inadvertently produce an amount of mental and physical depression, from which the patient may never rally. In the exercise of this serious, this important, and imperative duty, the object should be to soothe, not to distract, the mind; to elevate, not to depress, the emotions; to inspire a holy reverence and simple reliance upon that DIVINE BEING who is the FOUNTAIN OF ALL JUSTICE, and the RESERVOIR OF ALL MERCY. Our Saviour should be represented, not as the God of terror, but as a God of LOVE and MERCY. "What painter who has sketched the portrait of our Saviour, ever thought of arming Him with thunder? No: love was HIS weapon; and this is the weapon His ministers should chiefly employ."*

* "The Velvet Cushion," by the Rev. J. W. Cunningham.

“Thou, fair Religion, wast designed,
 Duteous daughter of the skies,
 To warm and cheer the human mind,
 To make men happy, good, and wise,
 To point where sits, in love arrayed,
 Attentive to each suppliant call,
 The God of universal aid—
 The God, the Father of us all.”

PENROSE.

The physician, whilst officiating under these painful circumstances, may have it in his power to disarm the imagination of the dying, of those unphilosophical, phantasmal, and often superstitious notions with which the morbidly active fancy occasionally invests the act of death itself. Is the fear of death a natural and healthy feeling? Many eminent divines entertain this idea. The instincts of our nature, however, recoil from the thought of dissolution; the soul “shrinks back upon herself” at the idea of annihilation and destruction. This horror of death prevailed to a great extent in ancient times, particularly among the Jews. The weeping and wailing referred to in Scripture (Mark v. 38) may “be traced to an early tradition among them that an evil spirit, whom they called the ‘angel of death,’ had special permission to torment persons in their dying hour, and even long after their decease. This angel they represented as standing over the sick man with a drawn sword, then distilling into some part of his body the poisonous death-drop, and afterwards going to sit upon his grave, to terrify his unresisting spirit with sounds and sights of woe.”*

Hazlitt imagines that the subject of death is made ghastly to the imagination, by our associating with it the idea of life. We think how WE should feel, not how the DEAD feel.

“Still from the tomb the voice of nature cries,
 Even in our ashes live their wonted fires.”

“The melancholic appearance of a lifeless corpse, the mansion provided for it to inhabit, dark, close, and solitary, are shocking to the fancy, but it is to the fancy only, not to the understanding; for whoever consults this faculty, will see at the first glance that there is nothing dismal in all these circumstances. If the corpse were kept wrapped up in a warm bed, with a roasting fire in the chamber, it would feel no comfortable warmth therefrom. Were stores of tapers lighted as soon as day sets in, it would see no object

* “Christian Consolation,” by the Rev. D. Moore.

to divert it. Were it left at large, it would have no liberty, nor if surrounded by company would it be cheered thereby; neither are the distorted features depressions of pain, uneasiness, or distress. This every one knows, and will readily allow, upon being suggested, yet still cannot behold, nor even cast a thought upon these objects without shuddering; for knowing that a living person must suffer grievously under such appearances, they become habitually formidable to the mind, and strike a mechanical horror, which is increased by the customs of the world around us.”*

But if such apprehensions of death haunt and distress the imagination of those eminent for their piety, great natural sagacity, and for their high order of intelligence, they are far from having a general influence. I quite concur in the sentiments expressed by the late Sir Henry Hallford, who when referring to the calmness, serenity, and Christian resignation exhibited by many at the awful moment of death, says, “Of the great number to whom it has been my painful professional duty to have administered in the last hour of their lives, I have sometimes felt surprised that so few have felt reluctant to go to the

‘————— undiscovered country,
From whose bourne no traveller returns.’

Many, we may easily imagine, have manifested their willingness to die, from an impatience of suffering, or from that passive indifference which is sometimes the result of debility, and extreme bodily exhaustion. But I have seen those who have arrived at a fearless contemplation of the future, from faith in the doctrines which our holy religion teaches; such men were not only calm and collected, but even cheerful, at the hour of death; and I never quitted such a sick chamber without a wish that my last end might be like theirs. Some, indeed, have clung to life anxiously—painfully; but they were not influenced so much by the love of life for its own sake, as by the distressing prospect of leaving children dependent upon them to the mercy of the world, deprived of their parental care; in the pathetic language of Andromache—

‘Νῦν δ’αν πολλά παθῆσι, φίλου ἀπὸ Πατρὸς ἁμαρτῶν.’

These indeed have sometimes wrung my heart.”†

* Tucker.

† Sir H. Hallford's “Essays and Orations.”

Cicero is said to have complained that the fear of death hung over him like the stone of Tantalus. "*Mors, quæ quasi saxum Tantalò, semper impendet.*"* All his philosophy and extraordinary intellectual power did not preserve this great man from childish apprehensions of death !

Dr. Johnson had always an intense dread of death, even when in the enjoyment of perfect health. He says in one of his letters to Boswell, "I cannot think without emotion of the removal of any one I know from one state to another." In a letter to Dr. Taylor, he exclaims, "O my friend, the approach of death is very dreadful ! I am afraid to think of that which I cannot avoid !" He told Dr. Hawkins that he never had a moment in which death was not terrible to him. He died eventually of dropsy. In order to prolong his life, he procured a lancet, with which he was going to puncture his legs, which were much swollen. He was, however, prevented from doing so ; and when he was entreated not to do so rash an action, he said that he would not. Shortly afterwards his arm was seen to be moving under the bed-clothes, and upon turning down the clothes, his friends found that he had been plunging a pair of scissors into the calf of each leg. Upon being expostulated with, Dr. Johnson feelingly exclaimed, "I want length of life !—length of life !"

It may be our duty to explain to those labouring under mortal disease, with certain dissolution in immediate prospect, and who express, with what may be termed some degree of truth, a morbid apprehension of the fatal issue, that, reasoning from analogous phenomena, we are not justified in believing that the act of death is accompanied with any physical agony. The violent muscular convulsions simulating epilepsy, which occasionally accompany the act of dying, naturally suggest to the vivid imagination of the bystander the idea of intense suffering. It is within the range of our legitimate function to expose this fallacy, by explaining, that although the patient may apparently suffer much a short period before death, the act of dying cannot, reasoning physiologically, be painful, *consciousness* being then entirely suspended. Dr. Symonds observes that "the practitioner ought to be able to console the friends of the dying, by the assurance

* Cic. Tusc. Disp., v. 40.

that, whatever may have been the previous torture, it must be all over when once those changes begin in which death essentially consists. He must explain to them how, upon the failure of the circulation, the functions of the brain must cease by necessity; that if the cessation of the former be gradual, that of the latter may, and often does, precede it; that if the mortal process begins in the lungs, unconsciousness precedes the want of circulation; and if in the brain, that an injury of this organ, sufficient to affect the lungs and the heart fatally, is sure to annihilate its own sensibility. The muscular spasms, the slow, gasping, and gurgling breathing, the collapsed and distorted features, though in some cases accompanied by feeling, are altogether independent of it. Convulsion is not, as superficial observers often interpret it, the sign of pain, or the result of an instinctive effort of nature to get rid of the cause of pain—it is an affection of the motific, not the sensific part of the nervous system. The pangs of disease may last till within a short period of death, but it is a great error to attribute them to the process that brings them to an end. Such cases are rare; it is far more common for the sensibility to be blunted, or for the cause of pain to subside, before the phenomena of dying commence.”*

I will not be guilty of the presumption of attempting to draw aside the veil which conceals from mortal vision the condition of the spirit whilst traversing “these painful passages.”† In vain have the most highly-gifted minds, the most exalted imaginations, and the most sublime flights of poetry, endeavoured to convey to our understanding a conception of the state of the soul during that terrible conflict which holy men have taught us to believe takes place in the act of death. To our finite conceptions the struggle is ended as soon as life appears to be extinct. Is such the fact? or is the process of dying still going on, as some have supposed, even after the heart has ceased to pulsate?‡ These subtle and

* Art. “Death.” *Cycl. Anat. and Phys.*

† Milton.

‡ “More than a hundred experiments on living animals have satisfied me,” says Richerand, “that the intestines are always the last part in which the traces of life may be discovered. Whatever may be the sort of death by which they are destroyed, peristaltic motions are still continued in this canal, while the heart has already ceased to beat, and the rest of the body is all an inanimate mass.” Dr. Smith observes that the corollary from this position is obviously the propriety of applying stimulants to the intestinal tube, in cases of suspended animation.

mysterious questions are, I fear, beyond the range of the most acute and deeply-thinking philosophers.*

To many minds the subject of death presents great attractions. Its awful sublimity, the mysteries that hang over it, its natural associations with all that is tender and pathetic, invest it with a poetic charm to which it is impossible for a man of taste, intellect, and feeling to be insensible.

“ Thoughts unspeakable,
Crowd in my heart to burning, when I hear
Of this almighty death, who is, it seems,
Inevitable. * * * *

* * * * * * *

It hath no shape, but will absorb all things
That bear the form of being.
I knew not that, yet thought it, since I heard
Of death ; although I know not what it is,
Yet it seems horrible. I have looked out
In the vast desolate night in search of him,
And when I saw gigantic shadows in
The umbrage of the walls of Eden, chequered
By the far-flashing of the cherub's sword,
I watched for what I thought his coming, for
Dark fear rose longing in my heart to know
What 'twas that shook us all—but nothing came ;
And then I turned my weary eyes from off
Our native and forbidden paradise,
Up to the lights above us in the azure,
Which are so beautiful.”†

What more sublime than the transition of the soul from one state of being to another ! What more mysterious than the passage of the disembodied spirit through the valley of the shadow of death ! Who can imagine the feelings of the traveller, or portray to our imaginations the visions of the place ?

Viewing, however, the subject before us in a mere practical light, and referring to the conduct of the physician at that solemn crisis, I would suggest whether he may not have occasion to point out the propriety of some member of the family being by the bedside of the patient in his last moments, as the approximation of those nearly related to the dying is supposed, upon good grounds, to comfort and sustain the mind, and smoothe the passage to the tomb, although there is no apparent recognition

* Under the heathen mythology, it was believed that the struggles of death continued till Proserpine had cropped the hair on the crown of the head, as victims were treated at the altar. Virgil has preserved this opinion in the fourth book of the *Æneid*, where he offers so fine a picture of the dying agonies of Dido.

† Byron.

or evidence of consciousness remaining. When Louis XIV. was dying, he turned to his physician, and exclaimed, "It is not so difficult to die as I expected!" Voltaire, in referring to this circumstance, remarked, "All men die with composure and fortitude *who die in company*." He imagines that the courage of soldiers in the heat of battle is in a great measure owing to the fact of their being surrounded by those who may, in case they should fall, bear testimony to their gallantry and courage. By parity of reasoning, and from the observation of himself and others, he concludes that the actual contact of a relative with the dying man at the moment of the last struggle, sustains and supports him in the terrible convulsions that ensue, when spirit becomes disembodied from matter.

It is often the painful duty of the physician to intimate to his patient that the last gleam of hope has faded from his mind, and that he must prepare for the painful change which awaits us all. I would impress upon your minds, recognising the powerful influence of depressing mental emotions upon the shattered physical condition, the great importance of not prematurely snatching from under the patient the only prop—frail and fragile as it may be—upon which his and our hopes of recovery rest. To inform a man that he must prepare for death; that his hours are numbered; to bring about his bed the wailing of deep distress, when reasonable expectations exist of his ultimate recovery, would, in certain temperaments, induce the prophetic result.

But an occasion may present itself when it will become our solemn duty to awaken the patient to a sense of his dangerous state and hopeless condition, and to point out to his relatives the necessity of his performing the last sad offices of life. On this subject, can I do better than quote the subjoined admirable suggestions?—

"And here you will now forgive me, perhaps, if I presume to state what appears to me to be the conduct proper to be observed by a physician in withholding or making his patient acquainted with his opinions of the probable issue of a malady manifesting mortal symptoms. I own I think it my first duty to protract life by all possible means, and to interpose myself between him and everything that can aggravate his danger; and unless I shall have found him averse from doing what was necessary in aid of my remedies, from a want of a proper sense of his perilous situation,

I forbear to step out of the bounds of my province in order to offer any advice which is not necessary to promote his cure. At the same time, I think it indispensable to let his friends know the danger of his case the instant I discover it. An arrangement of his worldly affairs, in which the comfort or unhappiness of those who are to come after him is involved, may be necessary; and a suggestion of his danger, by which the accomplishment of this object is to be obtained, naturally induces a contemplation of his more important spiritual concerns, a careful review of his past life, and such sincere sorrow and contrition for what he has done amiss, as justifies our humble hope of his pardon and acceptance hereafter. If friends can do their good offices at a proper time, and under the suggestions of a physician, it is far better that they should undertake them than the medical adviser. They do so without destroying his hopes, for the patient will still believe that he has an appeal to the physician beyond their fears; whereas, if the physician lay open his danger to him, however deliberately he may do this, he runs a risk of appearing to pronounce a sentence of condemnation to death, against which there is no appeal, *no hope*; and *on that account*, what is most awful to think of, perhaps the sick man's repentance may be less available.

"But friends may be absent, and nobody near the patient in his extremity, of sufficient influence or pretension to inform him of his dangerous condition. And surely it is lamentable to think that any human being should leave the world unprepared to meet his Creator and his Judge, 'with all his crimes broad blown!' Rather than so, I have departed from my strict professional duty, and have done that which I would have done to myself, and have apprised my patient of the great change he was about to undergo.

"In short, no rule not to be infringed sometimes can be laid down on this subject. Every case requires its own considerations; but you may be assured that if good sense and good feeling be not wanting, no difficulty can occur which you will not be able to surmount with satisfaction to your patient, his friends, and yourself."*

Apart entirely from the great importance of our having a right apprehension of our position as accountable agents, the cultivation

* "Essays and Orations delivered before the Royal College of Physicians, by Sir H. Hallford, Bart., M.D."

of a simple faith in the principles and truths of our holy and revealed religion, during the hours of serious illness, as well as at the solemn moment of death, has, if judiciously regulated, undoubtedly a valuable therapeutic influence.

The serenity, tranquillity, and resignation of the truly Christian mind, in moments of danger and during attacks of acute disease, will often do more to sustain the *vis vitæ*, allay unnatural excitement, and facilitate recovery, than any physical stimuli we may administer. Lord Bacon suggests to the physician that it is a part of his art to smoothe the passage to the tomb, and to render the transition from life to death easy, placid, and gentle. An occasion may present itself, affording to the physician an opportunity of relieving the mind of the dying of oppressing and distressing thoughts that may be interfering with that composure and calmness so necessary and indispensable at this solemn and awful moment. When Goldsmith was upon his death-bed, the intelligent and sagacious eye of his physician recognised that the poet's mind was evidently under the influence of some concealed painful emotions. "I perceive," said his physician to Goldsmith, "that your mind is ill at ease." The poet readily admitted that such was the fact. He was induced to unburden his thoughts; and impressions which would (in all probability) have rendered his last moments miserable, were at once removed by the judicious advice, promises, and consolations of his kind and benevolent physician.

Dr. Armstrong, who had a keen appreciation of the importance of watching the state of the mind during illness, advised Dr. Boot, a few hours before he died, to be always cheerful in his intercourse with the sick; he assured him that the physician may have the power of taking a load from the heart, and infusing into it hope and consolation. Dr. Nichols says, that whatever a man's distemper was, he would not attend him as a physician if his mind were not at ease, for he believed no medicine would have any influence under these circumstances. He once attended a man in trade, upon whom he found none of the medicine he prescribed have any effect. He asked his wife privately whether her husband had not been exposed to some losses in trade? She said "No." He continued to attend him, but no impression could be made on his malady. At length, the man's wife

told the physician that she had discovered accidentally that her husband's mind was much troubled by his pecuniary difficulties.*

It will be our province, as psychologists, to trace the connexion between a total want of sensibility in regard to those impressions which affect the eternal welfare of man, and certain morbid conditions of the bodily functions which are generally admitted to exercise an influence over the devotional emotions. Whilst expressing a firm belief in the possibility of a direct interposition of Divine agency upon the mind, inducing spiritual changes in the hearts of those happily brought within the sphere of such holy inspirations, I nevertheless consider it my duty to suggest, that as God, in His great wisdom, often accomplishes His wise designs through the instrumentality of secondary physical agents, it is legitimately within our power, *by watching the state of our mental and physical condition, to adapt the mind for the more ready reception and recognition of those truths the right appreciation of which is so essential to the eternal welfare of the human race.* I would speak with great reverence and caution, and with extreme diffidence, upon subjects so solemn and sacred; yet I would ask, can the physician neglect their philosophical consideration? When alluding to this subject, Baxter, who cannot for a moment be supposed to entertain an irreverent thought in connexion with the holy subject of religion, observes: "The want of consolation in the soul is often owing to *bodily disease.* It is not more surprising for a conscientious man, under the influence of a morbid melancholy, to doubt and despair, than it is for a sick man to groan, or a child to cry when it is chastised. Without the physician, in these cases, the labour of the divine would be in vain. Fear may silence the groans of the wounded spirit, but you cannot administer comfort. The consciousness of sin, and the apprehension of the wrath of God, are often the results of bodily distemper."† "There are some cases when a man's thoughts are in a manner forced upon him, *from the present temper and indisposition of his body*; so that, so long as that habit of body lasts, he cannot avoid that sort of thoughts. This is the case of some deeply hypochondriac persons, many of whom will be haunted with a set of thoughts and fancies that they can by no means get rid of, though they desire it never so earnestly.

* "De Anima Medica."

† "Saints' Rest."

We may properly call these *fancies of their waking dreams*, as their dreams are their sleeping fancies."

"Though we cannot, in many cases, think always of what we would,—nay, though we cannot hinder abundance of thoughts from coming into our minds, *against our will*,—yet it is always in our power to assent to our thoughts, or to deny our consent to them: if we do not consent to them, so soon as we are aware of them, there is no harm done. Should we be haunted with blasphemous thoughts, and cannot get rid of them, we must consider that our thoughts are no further ours than as we choose them; *that all sin lies in the will, and all will implies choice*; that those thoughts, therefore, which are not our choice, which we reject with a settled aversion and abhorrence, will never be placed to our account. So that our thoughts, however indecent or irregular soever they may be, are rather to be considered the infirmities of our corrupt nature, than our sins, properly so called. If we close with any thought that prompts us to evil, so as to be pleased with it, to think of pursuing it till it be brought into action, in that case we can no longer plead our natural corruption; for in that very instant we become actual sinners, or actual transgressors of the law of God. The mind is passive in receiving its notices of things, whether pure or impure; but it is active in its determination whether to harbour or discard them. As far as it is passive, it is certainly innocent; as far as it is active, it is accountable: and it is constantly active when we dwell upon impure thoughts with complacency—when we strengthen ourselves in wickedness by cherishing the remembrance of guilty joys, and laying scenes in our imagination for the entertainment of future pleasures. Here, then, we see in what the government of our thoughts consists: they are not criminal till they have the consent of the will; and the soul can withhold that consent till it has sufficiently considered the whole case."

"Notwithstanding what I have hitherto said concerning the diligence with which we are to keep our hearts, yet this is always to be remembered, that with our diligence we must be careful to join discretion. My meaning is this: we must have a care not to extend our thoughts immoderately, and more than our tempers will bear, even to the best things. And the way to do that is, not to put them too much or too long upon the stretch at any one time; but to relax them when there is occasion, and to let

them run out and entertain themselves upon anything that comes to hand, so long as it is innocent.”*

Burton frequently adverts to the recurrence of unholy and impure thoughts as a mental symptom of bodily disease, and so formidable a source of anguish as sometimes to occasion suicide.† Archbishop Secker, who was himself originally a physician, when speaking of “sin against the Holy Ghost,” says: “As for what some good people are often terrified about, the wicked imaginations that come into their minds, and expressions that come out of their mouths, at times, almost whether they will or not, in proportion as they are involuntary, they are not criminal in them, *be they ever so bad*. When they apprehend they cannot be pardoned, they entirely mistake their own case, either through ignorance or false opinions, or excessive tenderness of mind; or indeed more commonly by reason of some bodily disease, though perhaps unperceived by themselves, which depresses their spirits and clouds their understanding, and *requires the aid of medicine*.”‡

Emboldened by such theological authorities—writers whose orthodoxy is above all suspicion—I would suggest that the attention of the psychologist should be particularly directed to the physical state of the organic functions of life, when he witnesses instances of an exalted or depressed condition of the religious feelings, different in their character from ordinary and healthy manifestations, and not clearly and distinctly traceable to legitimate influences. I am aware that there is a disposition on the part of those who take an *ultra spiritual* view of the mind’s operations, to repudiate as blasphemy the material theory just enunciated. “What cheer,” says Emerson, “can the religious sentiment yield, when that is suspected to be secretly dependent upon the seasons of the year and the state of the blood?” “I knew,” he continues, “a witty physician, who found theology in the biliary duct, and used to affirm that if there was disease of the liver the man became a Calvinist, and if that organ was sound he became a Unitarian.” In reply to this piece of pleasantry, I would observe that many a man has considered himself spiritually lost whilst under the mental de-

* “New Whole Duty of Man.”

† “Anatomy of Melancholy.”

‡ “Lectures on the Church Catechism.”

pression resulting from long-continued hepatic and gastric derangement; and instances frequently occur of persons imagining themselves to be condemned to everlasting punishment, to be the subjects of demoniacal influence, and to hold personal converse with our Saviour, owing to the existence of visceral disease, or a congested condition of some one of the great vascular or nervous centres. In the former case the mind has been restored to a right and saving appreciation of Divine Mercy, and has been made to rejoice in comfort and hope, as the effect of a course of alterative medicine; and the morbid and unnatural ideas of demoniacal possession, and satanic and Divine presence, have vanished as soon as the bowels and various secretions have been made to act with healthy regularity, and the cupping-glasses have aided us in relieving the oppressed cerebral vessels. "It is probable," says Dr. Cheyne, "that they who have formed a lively conception of the personal appearance of Satan, from prints or paintings, have often had the conception realized in nervous or febrile diseases, or after taking narcotic medicine; and it is but charitable to believe that Popish legends, which describe victories over Satan, by holy enthusiasts, have had their origin in delusions of the senses, rather than that they were pious frauds."—"If it were," says Baxter, "as some fancy, a possession of the devil, it is possible that physic might cast him out. For if you cure melancholy, (black bile,) his bed is taken away, and the advantage gone by which he worketh. Cure the bile, and the choleric operations of the devil will cease: it is by means and humours in us that the devil worketh."

I am acquainted with an excellent Christian lady, who, at the critical period, loses all sense of religious impressions; her language during these attacks of partial derangement is most distressing and painful. I have occasionally to prescribe for a gentleman subject to attacks of sub-acute bronchitis, accompanied with a temporary perversion of the moral sense, owing, it is surmised, to the altered condition in the quality of the blood circulating in the brain. During these paroxysms his mind repudiates all idea of the existence of a God, and of a future state; and yet, when a healthy supply of properly arterialized blood is transmitted to the brain, the patient manifests, both in his conduct and conversation, the character of a true Christian gentleman.

The rationale of epidemic fanaticism is a subject of deep and

important philosophic interest. How often mere exalted physical sensibility has been mistaken for the operation of the Holy Spirit; and illusions of the senses been faithfully and graphically recorded as evidences of Divine or satanic presence. Was not Luther, whilst in confinement, under the influence of temporary insanity? His representations—believed by many to this day in their literal sense—that he had frequent personal contests with the devil, most probably depended upon local cerebral congestion, or morbid state of the retina, and would, in our times, have justified a suspicion of the soundness of his mind. In the early history of the crusaders, and during epochs of religious and political commotion, such as the Reformation, and other social convulsions, it would not be difficult to cite numerous well-marked and unequivocal cases of insanity, which were considered at the time as instances of heroic devotion, political patriotism, and religious enthusiasm. Mr. Dendy has written so ably and lucidly on the subject of apparitions,* that I do not deem it necessary to more than refer to the connexion which we, as psychologists, know so closely exists between what are considered to be supernatural phenomena, and certain derangements of the cerebral circulation, diseases of the heart, and disorders of the alimentary canal and digestive organs. Dr. Ferriar observes: “Instead of regarding these ghost-stories with the horror of the vulgar, or the disdain of the sceptic, *we should examine them accurately, and should ascertain their exact relation to the state of the brain, and of the external senses.* The terrors of nocturnal illusions would then be dissipated, to the infinite relief of many wretched creatures; and the appearance of ghosts would be regarded in its true light, as a symptom of bodily distemper, and of little more consequence than a headache, and rigor attending a common catarrh.”†

I have known cases in which a belief in the appearance of an apparition has ushered in, at an early age, severe brain-disease, and in advanced life has been precursory of paralysis, apoplexy, and insanity. A gentleman, as the effect of an active condition of the cerebral circulation, saw for several nights a ghastly spectre in his bed-room. A week afterwards he had an attack of apoplexy, of which he died.

It is our duty, as psychologists, to trace the relationship between

* “Philosophy of Mystery.” By W. C. Dendy, Esq.

† “Theory of Apparitions.”

certain palpable deviations from a normal state of thought, feeling, and action, often associated apparently with great vigour of understanding, brilliancy of genius, and power of continuous attention to the complicated and active business of life, and those states of the bodily health and physical organization which may originate and stimulate to action such morbid mental phenomena. There is much latent, undetected, and unrecognised insanity in real life: bringing with it a long train of deep and incurable misery. It assumes many aspects: occasionally it exhibits itself in the form of intemperance—an uncontrollable propensity for stimulants clearly having a mental origin—in extreme eccentricity, and in acts of a morbidly impulsive character. Again, it is manifested in brutal and cruel conduct; in others, it is evidenced either in an unnatural and unreasonable hatred of relatives, a total want of all moral sense, extreme irritability, tendency to crime, acts of viciousness, or in habits of inveterate lying. In fact, its shape is protean; and although those sounhappily afflicted often pass through life as sane, healthy, and rational persons, in the estimation of the Medico-psychologist they are suffering from disordered understandings, and ought to be brought within the sphere of remedial medicine.

The biography of tyrants, both REGAL and DOMESTIC, is yet to be written; and it remains for the philosophic historian, capable of appreciating the effects of defective and arrested cerebral organization,—the influence of physical and moral agents; and of bodily disease upon the character and temperament,—to account psychologically for the actions of men, the records of whose lives form the dark scenes of history, and present to the world a continuous career of morbid selfishness, crime, cupidity, caprice, tyranny, brutality, and vice. We do not possess data to enable us to judge satisfactorily of the mental or physical state of a Nero, a Caligula, or a Tiberius, who, as Tacitus informs us, was designated by his tutor, at the age of twenty, as “*a compound of mud and blood;*” but is it not charitable to suppose they were physically and morally diseased, and of unsound mind, the insanity manifesting itself in conduct, and not in ideas? Again, can we advance anything, as psychologists, in palliation of the crimes of Catherine de Medici?—or that would extenuate in the eyes of the world the brutal treatment to which Frederick William of Prussia, father of Frederick the Great, subjected his son?—or would be an apology for the atrocious tyranny and savage brutality of Judge Jeffreys?—anything to

excuse the cold, calculating murders of Henry VIII.?—or the refined crimes of, and thirst for blood exhibited by Robespierre?—or say a word in extenuation of the unnatural furor with which the poet Savage was hunted to death by his own mother? Poor Savage! No sooner was he born than his mother discarded him. After he had discovered the name of his parent, it was his practice to walk in the dark evenings for several hours before the door of his mother's house, in the hope of seeing her as she might come by accident to the window, or cross her apartment with a candle in her hand; but Dr. Johnson says, "he could neither soften her heart nor open her hand." In attempting to explain the extraordinary hatred exhibited by the mother of Savage towards her only child, and the intense malignity with which she, by the most awful falsehoods, attempted to procure the execution of the unhappy poet, Dr. Johnson observes, that the "most execrable crimes are sometimes committed without apparent temptation." When alluding to his own miserable fate, Savage feelingly exclaims,—

"No mother's care
Shielded my infant innocence with prayer;
No father's guardian hand my youth maintained,
Called forth my virtues, or from vice restrained."

May not all these monstrous departures from ordinary and healthy modes of thought, impulse, and action, constitute evidence, not only of depravity and vice in their ordinary signification, but of *undetected, unperceived, unrecognised mental disease, in all probability arising from cerebral irritation or physical ill-health*? Catherine de Medici's disposition did not show itself until after the death of her husband. I am not in a position to say how much of her conduct was to be attributed to the shock of his dissolution: but it is said she suffered from determination of blood to the head, so severe in its character as to require occasional bleeding for its relief. Frederick William of Prussia was a debauchee and a drunkard. He conceived, without any reason, an inveterate hostility to his eldest sister, and to the prince, his son, afterwards Frederick the Great. He compelled them to eat the most unwholesome, disgusting, and nauseous articles of diet. He was in the habit of spitting in their food, and behaving towards his son with great ferocity. King Frederick suffered from severe attacks of hypochondriasis, and great mental depression, and it was during one of these paroxysms that he attempted suicide. Who can entertain a doubt of his insanity, or of the good that would

have resulted had his brutality and cruelty been considered symptoms of some affection of the brain, and he had been treated accordingly? Robespierre, after his death, was found to have extensive visceral disease; and it is notorious he suffered much from this affection during life. It is recorded that he rolled on the ground for hours in acute pain.

Judge Jeffreys, it is said, was "tortured by a cruel internal malady, which had been aggravated by intemperance."* In the celebrated Western, or "Bloody" Assizes, this monster is said to have *hanged* 320 and *transported* 855 persons for "the most part of blameless life and of high religious profession!" Previously to his starting for the circuit, Jeffreys' health and spirits had given way. "He had been deeply mortified by the coldness of the king and by the insolence of the chief justice, and could find little consolation in looking back on a life, not, indeed, blackened by an atrocious crime, but sullied by cowardice, selfishness, and servility." During the celebrated trial of Lady Alice Lisle, Jeffreys is said to "have stormed, cursed, and sworn in language which no well-bred man would have used at a race or cock-fight." Addressing himself to one of the witnesses who gave evidence in favour of Lady Alice, he exclaimed, with an oath, "Was there ever such a villain on the face of the earth? Dost thou believe that there is a God? Dost thou believe in hell-fire? A Turk is a saint to such a fellow as this! Oh, blessed Jesus! what a generation of vipers we live among! Was there ever such an impudent rascal? Hold the candle to him, that I may see his brazen face!" As Jeffreys proceeded in his bloody business, his "*spirits rose higher and higher as the work went on. He laughed, shouted, joked, and swore in such a way, that many thought him drunk from morning to night.*"†

I again ask, if the psychological physician is not best fitted, by thought, reflection, and education, to investigate, and elucidate satisfactorily these interesting morbid psychical phenomena, and to suggest the possibility of effecting important changes in the *moral* and intellectual condition, by bringing within the sphere of medical treatment the *physical state* giving rise to these obvious departures from sound and normal manifestations of the affections and propensities? *Many a suicide would be prevented, and murderous and criminal impulse destroyed, if an active*

* Macaulay's "History of England," vol. i. p. 67.

† Macaulay, p. 600.

cathartic could be exhibited, or the cerebral circulation relieved, and rendered less active by means of local depletion. There are crimes for which men have been hanged, which might have been prevented by physical treatment. Damien persisted in declaring to the last that had he been bled in the morning, as he wished and requested, he never would have attempted the assassination of Louis XV. It is recorded of Caligula, that his reign commenced with mildness, but that the end of the first year, *after a violent attack of bodily illness*, he commenced his career of cruelty, violence, and crime, slaughtering the noblest men of Rome, and hunting the spectators of a public show into the waters of the Tiber!

Is it not possible, by a course of medicine and a system of dietetics, to modify the diathesis, both mental and physical? Dr. Arbuthnot says he cured an irascible diathesis by enforcing a milk and vegetable diet, and Dr. Rush relates a case of a man who was subject to severe paroxysms of anger, who was cured by the application of leeches to the head.* Let it not be thought for a moment that I suppose the skill of the *physician* can supersede the aid of the *divine*; but "*the service of God is a REASONABLE service*;" and divines themselves, eminent for piety and learning, are not unfrequently subjected to medical treatment, not only to arrest aberrations of the intellect, but to cure perversion of the moral sentiments.

In referring to the possibility of the hallucinations of Luther being the result of physical causes, Coleridge observes that his unremitting activity, labour, and sedentary mode of life during his confinement in the Wartzburg, had undermined his former usually strong health. Luther suffered from many of the most distressing effects of indigestion, so much so that his friend, Melancthon, urged him to consult the physicians of Erfurth. He did so, and for a time regained his health; he soon, however, relaxed into his former habit. Coleridge says it was evident

* An English traveller calling on Voltaire, at Ferney, found him desponding, grumbling, and dissatisfied with all mankind. The conversation soon fell upon the miseries of life, and the Frenchman's *ennui* and the Englishman's spleen exalting the mutual discontent of both parties, they ended by deciding that existence was too grievous a burden to be borne any longer, and agreed to commit suicide together on the following morning. The Englishman, punctual to his engagement, arrived at the appointed hour, provided with the means of destruction; but the volatile Frenchman was no longer in the same miserable, suicidal mood, for on the other proposing to proceed immediately to the execution of their project, Voltaire laughingly replied, "*Pardonnez-moi, Monsieur, mais mon lavement a très bien opéré ce matin, et cela a changé toutes idées-là.*"

from his letters that Luther suffered from great irritability of the nervous system, the common effect of deranged digestion in men of sedentary habits, who are, at the same time, intense thinkers; and this irritability, added to a revivification of the impressions made upon him in early life, and fostered by the theological system of his manhood, is abundantly sufficient to explain all his apparitions and all his nightly combats with evil spirits. "I see nothing," says Coleridge, "improbable that in one of those unconscious half sleeps, or rather those rapid alternations of the sleeping with the half-waking state, which is the '*true witching time*,'

'The season
Wherein the spirits hold their wont to talk,'

the fruitful *matrix* of ghosts,—that in one of those moments of slumber, into which the suspension of all thought, in the perplexity of deep thinking, so often passes, Luther should have had a full view of the room in which he was sitting, of his writing-table, and, at the same time, a brain image of the devil, vivid enough to have acquired an apparent *outness*, and a distance regulated by the proportion of its distinctness to that of the objects really impressed upon the outward senses."*

No one can read the interesting account of the unhappy controversy between Hume and Rousseau, prefixed to the first volume of the historian's *Philosophical Essays*, without having the conviction forced upon the mind, that Rousseau must have suffered, at the time, from temporary insanity. "The strange influence of his bodily temperament on his understanding; his constitutional melancholy, pampered into a morbid excess by solitude; his wild dreams of suspicion; his hypochondriacal fancies of hosts of conspirators, all leagued against him and his cause, and headed by some arch-enemy, to whose machinations he attributed every trifling mishap," are referred to as indications of an abnormal state of mind, not at the period recognised, or urged as some excuse for conduct which set the author of *Emelius* against all the world, and all the world against him. The persecution which Rousseau appeared to court, his affectation of singularity, his determination to live in a world of his own creation, and to have no sympathy or thought in common with his fellow-men,—all indicate a constitution of mind, if not

* "The Friend," p. 238.

actually diseased, at least not remotely removed from that condition. Such, it would appear, is destined to be the unhappy fate of all who, to gratify a morbid singularity, resolutely oppose their own crude notions to the calm, deliberate, and healthy judgment of the rest of the world. In attempting a philosophical explanation of these psychical phenomena, Coleridge observes: "To know that we are in sympathy with others, moderates our feelings, as well as strengthens our convictions; and for the mind which opposes itself to the faith of the multitude, it is more especially desirable that there should exist an object *out of itself*, on which it may fix its attention, and thus balance its own energies."*

There are other important subjects that come legitimately and almost exclusively within the range of the speculations of the psychological physician, to which I can only cursorily refer. It is his duty to investigate the moral as well as physical effects of climate, and of the different systems of dietetics upon the psychical character of nations; the laws relating to the influence of the mind of both parents on the offspring; the transmission of hereditary diseases and mental qualities; the nature of the education best adapted to strengthen the mind and avert the development of insanity; the influence of different kinds of amusements upon the public morals; the effect of the prevailing literature upon the formation of character and the development of the human mind; the effect of different kinds of pursuits upon the mind and character; and the *modus operandi* of music as a remedial agent. The interesting and important points involved in the investigation of the subjects of crime, penal legislation, capital punishment, trance, somnambulism, dreaming, &c., are only to be solved by the philosopher who, to an enlarged and cultivated understanding, unites a knowledge of the higher departments of physiology, joined to an acquaintance with the science of mental philosophy. Need I advance another argument to demonstrate the imperative necessity of establishing, in connexion with our national universities, a professorship of medical psychology, for the special investigation of these essentially necessary sections of philosophical inquiry, so important to the PHYSICIAN, the DIVINE, the LEGISLATOR, the JURIST, the EDUCATOR OF YOUTH, and to all who feel, as all the educated classes should feel, an interest in the intellectual and moral progress, the temporal and eternal welfare, of man?

* "The Friend," p. 224.

Finally, I would observe, that of all the subjects that can occupy the attention of the philosophic physician, none equals in importance or in grandeur those which I have had the honour of recommending to your special attention. What can compare in dignity, in sublimity, in comprehensiveness, or in the lofty aim of its disquisitions, to the study of the nature and operation of that spiritual essence, upon the right knowledge and cultivation of which depends our happiness, both in time and in eternity? As the mind advances in a knowledge of its own phenomena, the intellect expands, new sources of delight open to us, and the pleasure we experience in the pursuit of these exalted speculations impresses forcibly upon the mind itself conclusive evidence of its own DIVINITY. He who has habituated himself to trace out the numerous applications of mental philosophy to the important subjects of education, morals, and legislation; to analyse the nature of thought, the laws regulating the association of our ideas, the springs of action, the origin of our happiness, the laws of moral science, the nature of the passions, the formation of character, the foundation of our hopes, and the influence of our emotions,—will appreciate the value of this branch of science. The physician will be conscious, as he advances in a knowledge of the constitution of the mind, that his love of truth is growing strong; and whilst, in the spirit of true humility, he acknowledges the limited nature of his intellectual powers, he will, whilst contemplating their grandeur and importance, recognise the GOODNESS AND MAJESTY OF GOD.

In glancing retrospectively at the preceding portion of this lecture, I feel oppressed by a consciousness of the imperfect and inadequate manner in which I have sketched the exalted spiritual functions of the physician. Have I not reason to blame myself for attempting to grasp a subject so great and sublime? And have not those whom I have the honour of addressing a right to censure me for my presumption in selecting for illustration a theme requiring for its successful elucidation and expansion an amount of knowledge of the higher departments of philosophy, an originality of conception, and power of illustration, to which I have no pretension? Our position as medical philosophers, occupied in the investigation of the phenomena of life, of mind, and of disease, entails upon us anxious, solemn, and responsible duties. In the hour of pain, when the spirit is humbled by suffering—in the day of distress—in the solemn moment of dis-

solution,—it is our high and noble privilege, like guardian angels, to hover about the couch of the sick and the dying. We enter the chamber of the man writhing with agony, bereft, perhaps, of that which alone made existence pleasurable, the right exercise of the mental powers, and loud and affectionate demands are made upon our sagacity and skill. Life—the silken thread, the silver cord of life—depends upon our rapid appreciation of the phenomena of disease, and ready administration of remedial agents for their relief and cure. Our profession is a noble one—a most dignified, exalted, and honourable calling. “The skill of the physician puts in requisition the highest faculties of the human intellect, as its administration calls forth the tenderest sympathies of the human heart. The able and kind physician is a human benefactor. He garners up the treasures of learning and experience, that he may dispense them again to his suffering brethren. He comes with his timely succour, cheering both body and spirit with the single boon of health. He raises the sick man from his couch of pain, and sends him forth, elate and vigorous, for fresh enjoyment. He restores the ailing, and rejoices their despondent friends. He gives new life to the sick, and revives the hopes of those who depend on the sick man’s recovery for subsistence.”*

While feeling that the best of our works are imperfect, and that we must rely for our future happiness upon the great mercy of God, and not upon our own merits, I cannot be forgetful how great is our responsibility for the right use of our talents, and the faithful discharge of our solemn and anxious duties; and I would therefore venture, with all deference and respect, to address to each of my professional brethren the admonition of one of America’s most gifted poets:

“So live, that when thy summons comes to join
The innumerable caravan, that moves
To that mysterious realm, where each shall take
His chamber in the silent halls of Death,
Thou go not, like a quarry-slave at night,
Scourged to his dungeon; but, sustained and soothed
By an unfaltering trust, approach thy grave
LIKE ONE WHO WRAPS THE DRAPERY OF HIS COUCH
ABOUT HIM, AND LIES DOWN TO PLEASANT DREAMS.”†

* “The Girlhood of Shakspeare’s Heroines,” chapter—The Vocation of the Physician. By Mrs. Mary Cowden Clarke.

† William C. Bryant.

LECTURE II.

ON THE MEDICAL TREATMENT OF INSANITY.

THE purport of this lecture is the Medical Treatment of Insanity. It may be surmised that I have selected this subject with the view of submitting for your consideration, and through you to the profession, the particulars of a mode of treating the diversified morbid affections of the mind, original in its conception, *invariably* successful in its results, and based upon my own peculiar views as to the pathology of the disease. I am anxious, *in limine*, to disabuse your minds of these ideas. I lay no claim to any *exclusive* or *specific* mode of treating insanity. I possess no panacea, I have discovered no infallible medicine, no elixir, no drug that will

“Purge the mind of its thick-coming fancies,”

disperse the creations of the morbid imagination, restore the intellect to its just equilibrium, invigorate the judgment, give impetus and power to the paralysed volition, overpower the suicidal and homicidal impulse, elevate the depressed emotions, revivify the lost affections, or

“Chase away the furrow'd lines of anxious thought.”

I should indeed be thankful if it were in my power to recommend to my professional brethren, any *specific* and *uniformly* efficacious course of medical treatment, likely to be followed by such happy results. Other motives and different feelings have influenced me in bringing this important and much-neglected matter before the profession, and have induced me to make it one of the “Lettsomian Lectures,” which I have the privilege of delivering before this society.

In considering the present aspects of the medical profession, I have been impressed by the conviction, that, as philosophers in

search of truth, we have hitherto paid too little attention to the study of the science of therapeutics. Extraordinary talents, enlarged capacities, high attainments, profound knowledge, great power of continuous and laborious scientific investigation, indomitable and unflagging industry, united to habits of close and accurate reasoning, are devotedly and zealously engaged in the study of the different branches of our noble science. I ask, whether the great, the original, and truth-loving minds among us have investigated, in a manner proportionate to its vast importance, that section of our art which specially and exclusively relates to the *modus operandi* of medicines, and their therapeutic influence in the *actual cure of disease*? I feel reluctant to breathe a word, or to utter a syllable, which could in the slightest degree be supposed to convey the impression that I undervalued and underestimated those essential and interesting departments of the science of medicine, to the investigation of which so many highly-gifted men are devoting their talents and knowledge. The microscope has done much to enlarge the boundaries of science; it is an invaluable instrument in the hands of the scientific, experienced, and cautious philosopher, and the insight which it has afforded, and the light which it has reflected upon the minute anatomy of tissue, and into the nature of organic and pathological products and elements, have undoubtedly advanced considerably the science which we cultivate. The results so obtained have led to, and will ultimately be productive of, most important practical advantages. I say so much in this stage of my inquiry, to guard myself against the imputation of thinking lightly of these minute inquiries into the intimate nature of organic structure. I would not say a word to discourage the commendable zeal, industry, and patience of the microscopist, who toils

“From night to morn, from morn to dewy eve,”

in investigating the phenomena of matter, and who applies well-ascertained data to assist him in the elucidation of that mysterious and subtle principle which gives motion, animation, and intelligence to the grosser particles of our material organization. Admitting the great utility of the microscope, I would, placing my interrogatory in a suggestive form, ask, whether we have not, in these profound, intellectual, and necessary investigations, occasionally overlooked the great and ostensible vocation of the

physician? The erudite anatomist—the learned physiologist—the accurate stethoscopist—the profound analytical chemist—the zealous microscopist, capable of accurately delineating the minute anatomy of tissue, or the physical character, weight, and quality of each essential organic element constituting its structure—will not, without the patient study of the phenomena of disease, and careful investigation of the *modus operandi* of the agents of the materia medica in certain morbid conditions of the system, make either a good or a successful physician. Have we not neglected the science of therapeutics? Have we devoted a sufficient degree of attention to the study of the specific action of medicine, under given conditions of bodily disease? Have we endeavoured to discover the most speedy mode of arresting the disorganizing process, assuaging suffering, prolonging the duration of life, and averting death, by the persevering administration of *physical* curative agents? It is

“The wise physician, skilled our *wounds to heal*,”

who is represented by the bard of ancient days

“As more than armies to the public weal.”

Having in my previous lecture dwelt at considerable length upon the importance of watching the influence of the *morale* upon the *physique*, and having directed your attention to the invaluable mental remedies which the physician has at his command in the treatment of disease—in fact, to the subject of MORAL THERAPEUTICS,—I may be considered to be deviating from my original position, by bringing specially under your notice the subject of the *medical*, in juxtaposition to the *moral*, treatment of insanity. I hope, before I conclude, to satisfactorily establish that in urging this matter upon your serious attention, I am advocating no views in the remotest degree inconsistent or adverse to those propounded in my former lecture; or any that will militate against a legitimate use of moral means in the cure of the disordered affections of the mind.

It must be confessed that but little attention has been paid, by those possessing great opportunities for observation and practice, to the exhibition and action of physical remedial agents in the treatment of those abnormal conditions of nervous structure implicating the healthy action of the thinking principle. To what cause is this inexcusable apathy to be attributed? The

neglect of the use of curative agents, on the part of those intrusted with the care of the insane, has not altogether arisen from an indisposition to make, by a persevering exhibition of appropriate medicine, an effort to re-establish the normal action of the brain and mind; but it is in the main the result—the necessary and inevitable consequence—of other causes, to which I shall refer. The doctrine promulgated by writers of celebrity—by men referred to and revered as our authorities and guides in this special department of medicine—that for the cure of insanity moral treatment is entitled to the highest rank, and to be deserving of the first consideration, has naturally tended to discountenance the administration of physical remedies in the treatment of insanity. We have been taught that *medical* ought to be subsidiary to *moral* means; and that any suggestion to remove a morbid mental impression by the aid of medicine, would indicate, on the part of the person making such a proposition, an inexcusable amount of ignorance, mental obtuseness, and obliquity! A recent writer on the subject of insanity exclaims, “When one man thinks himself a king, another a cobbler, and another that he can govern the world with his little finger, *can physic make him think otherwise?*”* Again: another author, in a work written to instruct the profession as to the treatment of the disorders of the mind, preposterously repudiates the idea of administering medicine for the cure of insanity, whilst the real nature of the mind remains unknown! He observes: “To prescribe for the mind, whilst *its nature remains a mystery*, is to prescribe for a *phantom*! As well might the mechanic attempt to regulate the multifarious operations dependent upon the agency of steam, by abstract discussion upon its nature, or to repair a fractured wheel, by directing his attention to the power that gave it motion, as for us to expect a successful result from remedies applied to an object the true nature and character of which we are wholly ignorant of; or of which, at least, we can only judge in its developments.”† Alas! can we conceive more fatally paralyzing doctrines—opinions so antagonistic to all right views of the science of pathology, and so extremely detrimental to the advancement of therapeutics—so disheartening to those who feel anxious to bring the powerful agents of the

* Dr. E. Willis on Mental Derangement.

† “Practical Notes on Insanity,” by F. B. Steward, M.D., p. 37.

materia medica to bear upon the treatment of this distressing form of disease.

Among the causes which have unfortunately given force and longevity to the idea that the administration of physical agents is of little or no avail in the treatment of the disorders of the mind, one holding the most prominent rank is the unphilosophical hypotheses which have been broached with the view of explaining the phenomena of insanity. To this source much of the fallacy, false induction, bad logic, and the neglect in reference to the use of remedial measures may be traced. Insanity has been considered to be a spiritual malady—a functional disease; to be an affection of the immaterial essence; to be a disorder of the soul, and not simply the result of a derangement of the material instrument of mind interfering with the healthy action of its manifestations. The brain has been supposed to be intact; not a fibre disturbed, not a vesicle altered, not a vessel overloaded: the encephalon has been imagined, in the severest forms of disturbed mind, to exist in all its integrity, so ridiculously absurd, so wildly unphilosophical, have been the notions entertained in reference to the proximate cause of insanity. This spiritual doctrine has naturally led to the conclusion—false in theory and destructive in practice—that for the alleviation and cure of the spiritual malady, spiritual remedies were the most important and essential. The clergyman instead of the physician was therefore summoned to the bed-side of the insane, and the bible and prayer-book displaced the physical remedies prescribed for the cure of the cerebral disorder.

In the earlier periods of the history of medicine, insanity was attributed to Divine wrath, demoniacal, Satanic, or malignant influence. It is a continuance in a belief of views somewhat analogous to these, but in a modified, less offensive, and different form, even in the present enlightened age, which has operated so disadvantageously in retarding the progress of cerebral pathology and therapeutic science. It may be said that a spiritual pathologist is a phenomenon—that the belief in the theory of insanity being an affection of the immaterial principle, is but an historical curiosity, a reminiscence of the dark ages. Alas! such is not the fact. I appeal to those whom I have the honour of addressing, whether a disposition does not exist among a considerable section of the profession to repudiate the idea of morbid action

being invariably the result of some abnormal state of the organic tissue.

The common phrase, "functional disease," is but another designation for the spiritual hypothesis—it is but a phantom of the mind—a pathological enigma, having no actual existence apart from the active imagination which gave it birth. When we assert that the "functional" or "spiritual" theory will not bear the test of serious examination—that it is at variance with all *à priori* and *à posteriori* reasoning—that it stands in direct opposition to positive, well-recognised, undeniable data, we are met by the interrogatory, Can you demonstrate to us the specific character of the change induced in the nervous matter which it is alleged gives rise to mental derangement? and do not the scalpel and microscope of the morbid anatomist in vain endeavour to ascertain, in many cases of positive, violent, and unequivocal insanity, any appreciable structural lesion in the nervous matter, in its investing membranes, or organs in close association with the brain, sufficient to account satisfactorily for the morbid phenomena exhibited during life? One would really infer, from the reasoning and assertions of those who take these spiritual views, and who repudiate the idea of insanity ever being the result of a physical change in the condition of some portion of the brain or its appendages, that the encephalon has no specific functions allotted to it; that it is altogether a useless and super-numerary organ; that it was created for no wise purposes; and that, as far as the phenomena of mind were concerned, we could have done as well without as with the brain! If this organ be not the material instrument of mind—if it be not the media through which the spiritual portion of our nature manifests its powers—the centre of sensation—the source of volition—the seat of the passions—

“The dome of thought,—the palace of the soul”—

I ask, what *are* its functions, its specific uses and operations?—for what object was this most exquisitely organized and complicated structure formed?—why does it receive so large a proportion of the blood, and why is it so carefully protected from injury? These interrogatories naturally arise in the mind, when we hear so unphilosophical and so unphysiological a theory propounded with reference to the possibility of the mind being

subject to disease apart from all derangement of the material organs with which it is so closely and indissolubly associated. Can we conceive a more preposterous notion than that sanctioned by high authority, and which inculcates that the spiritual principle admits of being distorted, deluded, depressed, exaggerated, perverted, exalted, independently of any form of bodily disease, or modification of nervous matter?

Is it necessary that I should, in this advanced age of the science of physiology, stop to argue the question as to whether the brain be or be not the material organ of the mind? Unless we admit this fact, how many curious psychological and pathological phenomena must for ever remain mysteriously inexplicable? In infancy, when the brain is only partially developed, and but imperfectly organized, the mental faculties are obscurely manifested. As the infant approaches childhood, and the brain expands in volume, and the convolutions become more complex in character, the capacities of the mind become enlarged. In the middle period of life, when the brain is supposed to have attained its highest and perfect state of organization, we recognise the mind exercising its most elevated attributes. As we descend in the scale, we discover, in a ratio to the encroachment of age and the advancement of decrepitude, a proportionate diminution of mental vigour and astuteness; the faculty of attention and the powers of observation are less acute, the memory is incapable of retaining impressions, the judgment is often weakened, the temper capricious,—in fact, all the faculties of the understanding become (as a general rule) impaired. This mental decay slowly progresses until the

“Evening twilight of our existence,”

when we fall into the

“Sere and yellow leaf.”

That rapid association of ideas and sense of the ludicrous which were wont to “set the table in a roar,” are no longer manifested; the brilliant repartee, the gorgeous imagery, the poetic fancy which captivated, and the glowing and impassioned eloquence which enchanted, no longer exercise, like a magic spell, their influence over us. The mind at this period is incapable of any intellectual improvement: it feeds upon the past. The recollection of former scenes, however, in which it played a conspicuous part, continues vivid. In the evening, there is no memory of the occurrences of the morning; the brain appears to be incapable of

receiving new impressions; ideas obtain no permanent hold of the mind, the intellect thus realizing the beautiful description recorded by Locke, who says, when speaking of the decay of the mind in old age,—“Ideas often die before us, and our minds represent to us those tombs to which we are approaching, where, though the brass and marble remain, yet the inscriptions are effaced by time, and the imagery moulders away.”

Having considered this spiritual theory of insanity in an *à priori* point of view, what are the deductions which we are justified in making, looking at the *vexata questio à posteriori*? It has been frequently urged by those who discard the material hypothesis or explanation of the phenomena of deranged mind, that if insanity were the effect of brain disease, not only should we invariably find after death morbid changes in this organ, but we should detect some peculiar and specific alterations in the nervous matter, entirely distinct in their character from the ordinary lesions of structure detected in the more obvious diseases of the encephalon. With reference to the first position, I need only refer to the recorded opinions of all the great cerebral pathologists, from the great Morgagni down to modern writers, to establish beyond all question, cavil, or dispute, that in the great majority of cases of death after attacks of insanity, the brain, some of its important organic elements, or its investing membranes, are found in an abnormal morbid state. It is true that Esquirol somewhat encouraged the doctrine of the spiritualists, by asserting that in many instances of insanity no change in the nervous matter could be detected after the most careful scrutiny; but that high authority was known to have materially altered his views upon this point at a more advanced period of his life; and his later pathological investigations tended, I think, conclusively to establish that the nervous matter was always found modified in its structure after death from insanity. To this subject I have paid much attention, and have patiently endeavoured to ascertain what are the acknowledged opinions of those who have had opportunities of arriving at safe results, and whose names entitle everything which they have recorded to our profound deference and respect. I have carefully, scrupulously, and zealously analyzed no less than 10,000 cases of the various shades and degrees of insanity, related by Esquirol, Pinel, Foville, Georget, Guislain, Calmiel, Flourens, Bell, Haslam, Prichard, Solly, Burrows, Bail-

larger, Boismont, Abercrombie, Bennett, and other British, American, and continental authorities; and as the result of these pathological researches, I have no hesitation in declaring that I feel, as the natural effect of the influence of these well-ascertained data upon my own mind, amazed that there ever could have existed a shadow of a doubt as to the physical origin of insanity. The statistical facts to which I refer are not yet sufficiently matured and arranged to submit to the profession; but I may say that they satisfy my own mind, beyond all suspicion, of the *material cause of mental derangement*. I do not maintain that I am in a position to describe the peculiar and specific alterations which some allege to give origin to that derangement of the action of thought to which we apply the term insanity. Admitting such a discovery to be beyond the range of finite intelligence, it does not in the slightest degree militate against the material view just propounded. We find the functions of the eye, lungs, heart, stomach, liver, all deranged in a most marked manner, as the consequence, not of one peculiar specific affection of these organs, but of a variety of diseases essentially different in their pathological character, and only resembling each other in producing an altered action of the organic function of the part. Why should an important organ like the brain be exempt from the influence of the vital laws regulating the morbid action of other structures? and why should those who advocate the material origin of insanity be taunted and twitted because they are unable to discover an affection of the nervous matter *sui generis* in its character, and invariably discoverable in the brain in cases of death from mental aberration?

How often does death occur from apoplexy, convulsive disease, affections of the heart, stomach, from catalepsy, chorea, protracted hysteria, without evidencing any morbid condition of the structure, supposed to be implicated in the morbid process, appreciable to the eye of the pathologist; yet we are not sufficiently bold to maintain that catalepsy, apoplexy, epilepsy, disease of the heart, violent convulsions, severe gastric derangement sufficient to impede all nutrition, and persistent hysteria in all its Protean forms, can ever be viewed as strictly functional in their character, and capable of existing apart from any disease or abnormal state of the material tissue. But are we satisfied that in the cases of apparently functional disorder recorded by authorities of

character and repute, the brain was accurately and scientifically examined—that the microscope aided the senses of the pathologist in his investigation? Was the brain, in all cases cited for the purpose of establishing that this organ was entirely free from all abnormal change, carefully macerated, weighed, and the different layers of the grey portion of the convoluted surface zealously scrutinized, in order to ascertain whether any change had taken place in its delicate structure? Was the chemical composition of the brain ascertained? Was the vesicular neurine minutely examined by means of a high microscopic power? Was it ascertained whether the blood was deprived of any of its essential and important constituents, and, as a consequence of such vitiated state, interfering with the healthy nervous nutrition? Were the blood-vessels of the brain removed and examined, with the view of ascertaining their calibre and condition of their coats? Was the state of the bones of the cranium, as well as the foramina, ascertained?

The spiritualists point with exultation to the cases recorded by Abercrombie and others, of extensive organic alterations having been found in the brain, which during life had not in the slightest degree, apparently, impaired or interfered with the normal action of mind; but if we carefully and scientifically investigate these instances, so often pompously and triumphantly paraded, I think we shall be compelled to admit they do not constitute data entitled to any weight in the solution of the important question at issue. It would be necessary for us to be informed upon good and unquestionable authority, of the precise character and locality of these alleged organic alterations—whether they were limited to the medullary, or extended to the cineritious portions of the cerebral matter; whether they were of slow or of sudden production; and also, whether the mind of the person having so great a degree of alleged disorganization discoverable in the brain after death, was carefully examined, and the actual condition of the mental powers satisfactorily ascertained. Positive, glaring, appreciable lunacy might, I readily admit, have been non-existent during life—the party need not *necessarily* have been insane, or guilty of any overt act of violence or extravagance sufficient to excite observation or compel restraint; but, nevertheless, the mind, in its *general operations*, might have been *considerably impaired and debilitated*, these affections having

escaped notice, and not have been made matter of record. I am much disposed to consider that if the history of the cases narrated, of extensive disorganization of the brain without obviously implicating the faculties of the mind, were carefully and minutely examined, it would have been found in *every case that the intellect more or less suffered, although occasionally not to the extent of recognisable, positive, and clearly-defined insanity.* Without a knowledge of all these important particulars, the data referred to are, in a purely scientific point of view, entitled to but little consideration. I can imagine that considerable lesion of structure might exist, if confined to the medullary portion of the brain, without obviously or palpably deranging the intellectual operations; but *no morbid change can exist in the hemispherical ganglia without involving to some extent the operations of the mind.*

In considering this matter, we should not forget that the brain can accommodate itself to a considerable amount of actual loss of structure and organic disease, if the morbid changes be of slow and progressive growth. Again, it is necessary to ascertain whether, in these instances, both hemispheres of the brain were involved in the disease; for as the brain is a *dual* organ, it is possible for considerable structural disease to exist in one hemisphere, the opposite side remaining intact, without obviously interfering with the healthy action of the intellectual faculties. Again, it has been urged that insanity must, in many cases, be a functional and not an organic disease, because it has occasionally been cured by moral remedies alone; that a delusion has been dissipated by a joke, and an apparently fixed morbid idea has been dispersed by an ingeniously-contrived stratagem. Such illustrations of remarkable cures are undoubtedly upon record; but they no more establish that the disorder was spiritual and functional in its character, than the fact of a paroxysm of gout being overpowered by a sudden mental shock, an attack of convulsions arrested by calling into exercise the passion of fear, would justify us in concluding that the diseases referred to were functional and spiritual affections, having no relation to any morbid condition of the physical part supposed to be their seat.

Considering the subject practically, let us for a moment ask ourselves the question, what have been the consequences of the general belief in the spiritual and functional character of this

disease? The lamentable effect has undoubtedly been, to discourage and discountenance the use of remedial measures; and the effect upon the public mind has, alas! been, to create the false impression that mental affections were not curable maladies, and that it was not in the power of the physician, by means of medicine, to administer to their relief. As the result of a too general belief in this sophistry—this dangerous fallacy—a vast amount of mental disease, particularly in its early and premonitory stage, is left to take its own uninterrupted course, until the unhappy sufferer has been placed beyond the reach of all curative agents. Why should the man who is conscious of the approach of mental infirmity—who feels his power of attention flagging, his volition becoming weakened, his affections perverted, and horrible fancies displacing healthy mental impressions—seek the aid of medicine, or fly to the physician for assistance, if he is taught to believe that the dark cloud which is gradually enshrouding his faculties is either the effect of a malignant spirit, the result of demoniacal influence, the consequence of the curse of the Almighty, or a disease entailed upon him as the punishment for his sins? “Madness,” says Dr. Burrows, “is one of the *curses imposed by the wrath of the Almighty on his people for their sins, and deliverance from it is not the least of the miracles performed by our Saviour*”! I quote this passage to show what are the prevailing notions of the cause of insanity among the first authorities in this country.* Why should the relations and friends of those so unhappily afflicted seek the aid of medicine, when men of position and repute both publicly and privately propound such doctrines, and as a consequence discourage all physical treatment? Great and awful is the responsibility of those who thus thoughtlessly weaken the confidence of the public in the efficacy of physical curative agents in the treatment of insanity. “I was told,” said a lady, “that medicine was of no avail in the affections of the mind. I went to the clergyman for assistance, but could obtain none. I have struggled for weeks heroically against the disposition to suicide, with the prayer-book in one hand, and the open razor in the other. Five times have I felt its keen edge at my throat, but a voice within me suddenly commanded me to drop the murderous instrument; and yet at other times the same voice urged me

* “Commentaries on Insanity,” by Dr. Burrows.

desperately on to self-destruction. I knew I was ill—seriously ill—bodily ill; yet no one pointed out to me the right remedy for my horrible impulse, or recommended me to place myself in the hands of the physician.” Such was the statement of a patient who voluntarily subjected herself to medical treatment, and was happily restored to health.

It is the prevalent opinion, even among persons otherwise well educated and intelligent, that the desire of self-destruction is in the majority of cases a mental act, unconnected with a disturbed condition of the bodily function, and incurable by any process of medical treatment; that the mental depression which is so generally associated with the suicidal tendency is an affection of the mind *per se*, the physical organization having no direct connexion with what is termed the *spiritual* impulse. This metaphysical view of the matter is fraught with much mischief, and, I have no doubt, has led to the sacrifice of many valuable lives. It is a matter of the highest moment that the public mind should be undeceived upon this point. Right views on this subject ought to be generally diffused. It is of consequence to establish the belief that the suicidal idea is *almost generally* connected with a morbid condition of the mind, and is often the only existing evidence of such an affection; that it is, with a few exceptions, universally associated with physical disorder, disturbing the healthy balance of the understanding; and that the bodily affection, which is, in nine cases out of ten, the *cause* of the mental irregularity, is easily curable by the judicious application of remedial means. The tendency of the spiritual or metaphysical view of the question is to create a distrust in remedial measures, and the poor man who is struggling against an almost overpowering desire to destroy himself is induced to neglect entirely his lamentable condition, under the belief that he is literally placed beyond the reach of curative agents, and that the only remedy for his mental suffering is death!

If a person in this unhappy state of mind is induced to believe that his mental despondency is but a *consequence* or *effect* of a disturbed bodily condition, influencing, either directly or indirectly, the natural and healthy operation of the brain and nervous system, and giving rise to perverted ideas—that his malady is curable, he may be induced to avail himself of the means which

science has placed at the disposal of the physician, and thus be protected against his own insane impulses.

Where no disease is suspected, no remedy will be sought. Tell a man who has attempted to destroy himself that he is perfectly sane—that his judgment is sound—that his will is not perverted—that the impulse which urges him to the commission of suicide is not associated with any deviation from corporeal health—and you inculcate ideas not only fallacious, but most pernicious in their character and tendency. We might, with as much truth, tell a person playing with a lighted taper at the edge of a barrel of gunpowder, that his life is not in jeopardy, as to say to a person disposed to suicide that he is in the perfect enjoyment of health, and requires no moral or medical treatment. It may be laid down as an indisputable axiom, that in every case of this kind, bodily disease may, upon a careful examination, be detected. I never yet saw a case where a desire to commit suicide was present, in which there was not corporeal indisposition.

Having in the preceding portion of these observations endeavoured to establish what I conceive to be an important and necessary preliminary point, it is now my province to bring under notice a sketch, a mere *outline*, of my own views as to the pathology and medical treatment of insanity. Before referring to this part of my subject, I would premise that no right estimate can be entertained of the importance of these investigations unless we apply to the study of the diseases of the brain, and the cure of its disorders, the same enlarged and general principles which guide us in the investigation and treatment of the affections of other organic structures. An error of some magnitude has been committed by those who consider insanity to be a special, uniform, specific, and peculiar malady, justifying us in placing those so afflicted out of the ordinary nosological scale and sphere of medical practice. Again, it is necessary that we should, before being able to appreciate the effect of medical treatment, entertain just and enlightened views as to the CURABILITY of INSANITY. I now speak from a somewhat enlarged experience, from much anxious consideration of the matter, and I have no hesitation in affirming that, if brought within the sphere of medical treatment in the earlier stages, or even within a few months of the attack, insanity, unless the result of severe physical injury to the head, or connected with a peculiar conformation of chest and cranium, and

an hereditary diathesis, *is as easily curable as any other form of bodily disease for the treatment of which we apply the resources of our art.* Can there be a more lamentable error, or a more dangerous, false, or unhappy doctrine than that urged by those who maintain that the disordered affections of the mind are not amenable to the recognised principles of medical science? * I again declare it to be my positive and deliberately formed opinion, that there are few diseases of equal magnitude so susceptible of successful medical treatment in the incipient form as those implicating the normal action of thought. The existence of so vast an amount of incurable insanity within the wards of our national and private asylums, is a fact pregnant with important truths. In the history of these unhappy persons—these lost and ruined minds—we read, in many cases, recorded the sad, melancholy, and lamentable results of either a total neglect of all efficient curative treatment at a period when it might have arrested the onward advance of the cerebral mischief, and maintained reason upon her seat; or of the use of injudicious and unjustifiable measures of treatment under mistaken notions of the nature and pathology of the disease. In no class of affections is it so imperatively necessary to inculcate the importance of early and prompt treatment, as in the disorders of the brain affecting the manifestations of the mind. I do not maintain that our curative agents are of no avail when the disease has passed beyond what is designated the “curable stage.” My experience irresistibly leads to the conclusion that we have often in our power the means of curing insanity, even after it has been of some years’ duration, *if we obtain a thorough appreciation of the physical and mental aspects of the case, and perseveringly*

* “You do not pretend to cure insanity!” exclaimed a gentleman of considerable intelligence to me, whilst detailing the particulars of a distressing attack occurring in a member of his own family; “for,” he continued, “I heard Dr. — positively declare, in a public lecture, that ‘*he lamented to be obliged to say, that in the cure of insanity, little or no good resulted from medical treatment.*’” Sad and fatal doctrine! Whilst recently visiting Bethlehem Hospital, to see, at the request of their friends, two patients in that establishment, I heard a foreigner who had been inspecting the asylum observe to Dr. Wood (the then resident medical officer of the establishment), whilst talking of the medical treatment of insanity, that it was quite a mistake to have a portion of the asylum set apart for the “incurable patients.” “*The word ‘incurable,’ in reference to insanity,*” he continued, “*should never be used.*” I would much prefer pinning my faith to the doctrine of the foreigner than to that of the English physician, who attempted to weaken our confidence in the curability of insanity by means of medicuæ.

and continuously apply remedial measures for its removal. I cannot, however, dwell too strongly upon the vital necessity of the early and prompt exhibition of curative means in the incipient stage of mental derangement:—

“Principiis obsta : sero medicina paratur
Cum mala per longas convaluère moras.”—OVID.

It becomes necessary, before proceeding to the consideration of the practical division of my subject, that I should briefly refer to the morbid anatomy of the brain in insanity. It is not my intention to cite the conflicting opinions of writers of repute in reference to this section of pathology; neither shall I attempt to reconcile the varied and contradictory statements of eminent pathologists who have investigated this important subject.

With these prefatory observations, I will concisely submit to you the conclusions to which I have arrived in relation to this much-vexed question. I believe insanity (I am now referring to persistent insanity, not those transient and evanescent forms of disturbed mind occasionally witnessed) to be the result of a *specific morbid action of the hemispherical ganglia, ranging from irritation, passive and active congestion, up to positive and unmistakeable inflammatory action.* This state of the brain may be confined to one or two of the six layers composing the hemispherical ganglia; but all the layers are generally more or less implicated, in conjunction with the tubular fibres passing from the hemispheres through the vesicular neurine. This specific inflammation, from its incipient to the more advanced stage, is often associated with great vital and nervous depression. It is, like analogous inflammations of other structures, not often accompanied by much constitutional or febrile disturbance, unless it loses its specific features, and approximates in its character to the inflammation of active cerebritis or meningitis. This state of the hemispherical ganglia is frequently conjoined with active sanguineous circulation or congestion, both of the substance of the brain and its investing membranes. The morbid cerebral pathological phenomena—viz. the opacity of the arachnoid, the thickening of the dura mater, its adhesions to the cranium, the depositions so often observed upon the convoluted surface of the hemispheres, and on the meninges, the hypertrophy, scirrhus, the cancerous affections, the induration, the depositions of bony matter in the cerebral vessels and on the dura mater, the serous

fluids in and the ulcerations upon the surface of the ventricles, the alterations in the size, consistence, colour, and chemical composition of the vesicular neurine and fibrous portion of the brain—are all, in my opinion, the *results*, the *sequelæ*, more or less, of that specific inflammatory condition of the hemispherical ganglia to which I have referred. It does not necessarily follow that the *fons et origo mali* of insanity is invariably to be traced to the brain. The preliminary morbid action is often situated in the heart, stomach, liver, bowels, uterus, lungs, or the kidneys, the brain being only *secondarily* affected; nevertheless, in all cases inducing actual insanity, the hemispherical ganglia are involved in the morbid action. The most recent pathological doctrine propounded to explain the phenomena of insanity—I refer to the views of a recent writer*—that derangement of mind is the effect of “*loss of nervous tone*,” and that this loss of nervous tone is “*caused by a premature and abnormal exhaustibility of the vital powers of the sensorium*”—conveys to my mind no clear, definite, or precise pathological idea. It is true that we often have, in these affections of the brain and disorders of the mind, “*loss of nervous tone*,” and “*exhaustion of vital power*;” but, to my conception, these are but the *effects* of a *prior morbid condition of the encephalon*, the *sequelæ* of specific inflammation of the hemispherical ganglia. To argue that insanity is invariably and exclusively the result of “*loss of nervous tone*,” is to confound cause and effect, the *post hoc* with the *propter hoc*; and would, as regards therapeutical measures, act as an *ignis fatuus*, and allure us as pathologists from the right and legitimate path. I feel anxious that my views upon this important subject should be clearly enunciated, and not open to misconception. I think much mischief has arisen from a belief in the existence of *active ordinary cerebral inflammation* in cases of insanity, for it has led to the adoption of treatment most destructive to life, and has seriously interfered with the permanent restoration of the reasoning powers. Nevertheless, insanity is *occasionally* complicated with acute cerebral symptoms sufficient to justify us in the cautious use of somewhat active measures for its removal. We must avoid the fatal error of a too rapid process of generalization, and be careful of not looking to symptoms instead of to the disease itself, and of permitting ingenious and well-constructed

* Dr. H. Munro.

à priori theories of the nature of insanity to dazzle our imaginations, and abstract the mind from the steady and patient investigation of pathological science, and individual cases of disease. If we allow our judgment to be warped by the inflammatory theory on the one side, (I am now speaking of *ordinary*, not of *specific* inflammation,) and conclude that the excitement of mania is to be subdued by copious depletion or the administration of antiphlogistic measures,—or if, on the other hand, we adopt the speculative opinions of those who believe that in every case of insanity, irrespectively of its origin, its progress, or its character, there exists “mere loss of nervous tone,” caused by a “premature abnormal exhaustibility of the vital powers of the sensorium,”—how lamentably shall we be misled as to the real character of the disease, and in the application of our therapeutic agents? These circumscribed and partial views of the pathology of insanity, often, alas! lead to serious solecisms in practice. In ninety per cent. of the cases of acute mania there is found in the brain and its meninges a state of sanguineous congestion, particularly of the hemispherical ganglia, combined with alterations in the grey nervous matter. In forming an opinion of the actual pathological condition of the cerebral substance, we should remember that, particularly in public asylums, it is a rare occurrence for recent cases to be admitted; that the acute and sub-acute active cerebral conditions have subsided, and the disease has assumed a chronic form, before the patient is examined and placed under treatment; consequently many deductions recorded by pathologists have been based upon the study of chronic, and not of acute, mania. A large per centage of the cases, before admission into our national asylums, have passed through the primary and acute stages, and have probably been subjected to medical treatment. This fact must never be lost sight of in forming our opinion, not only of the nature of the disease itself, but of the medical treatment necessary for its cure. In private practice the acute forms of insanity are often met with; but even with the advantages which the physician in general practice can command, of investigating the earlier stages of deranged mind, he often discovers that the mental affection has been allowed to exist and slowly progress for a considerable period, no treatment, either medical or moral, having been adopted for its removal. In the incipient forms of insanity, particularly when it manifests itself in plethoric

constitutions, has been sudden in its development, is the result of physical causes, and is connected with the retrocession of gout, or is rheumatic in its character, there can be no doubt the nature of the change induced in the brain is more allied to that of inflammation than that of nervous exhaustion. The attacks from the slow and insidious operation of moral causes are less likely to be accompanied by active cerebral symptoms. In many instances the maniacal excitement is *asthenic* or *atonic* in its character, resembling the delirium of the last stages of typhus fever.

The most simple classification of insanity, the one I think best adapted for useful and practical purposes, is its division into the *acute* and *chronic* forms; the insanity ushered in by *excitement* or by *depression*, into *mania* and *melancholia*—*amentia* and *dementia*. The minute divisions and subdivisions, the complicated and confused classification taught by lecturers and found detailed in books, may serve the ostentatious purpose of those desirous of making a pompous display of scholastic and scientific lore, but I think they have tended to bewilder and obscure the understanding, and lead the student in search of practical truth from the investigation of the *disease itself* to the study of its *symptoms*, and to the consideration of unessential points and shades of difference. Adhering to this division of the subject, each form should be viewed in relation to its *complications*, as well as to its *associated diseases*. Among the former are epilepsy, suicide, homicide, paraplegia, hemiplegia, and general paralysis. The associated diseases implicate the lungs, heart, liver, stomach, bowels, kidney, bladder, uterus, and skin.

Before adverting to the preliminary examination of the patient supposed to be insane, and suggesting rules for arriving at an accurate prognosis in these cases, I would premise that those inexperienced in the investigation of this class of cases would often arrive at false and inaccurate conclusions, if they were not cognisant of the fact, that the insane often describe sensations which they have never in reality experienced, and call attention to important symptoms which have no existence except in their own morbid imaginations. A patient will assert that he has a racking headache, or great pain and tenderness in the epigastric region, both symptoms being the fanciful creations of his diseased mind. This is particularly the case in the hysterical forms of insanity, in which there always exists a disposition to pervert the truth, and

exaggerate the symptoms. Again, serious bodily disease may be present, the patient not being sufficiently conscious to comprehend the nature of the questions asked, or able to give intelligible replies to the anxious interrogatories of the physician. Insanity often masks, effectually obscures, other organic affections, the greater malady overpowering the lesser disease. When Lear, Kent, and the Fool, are standing alone upon the wild heath, exposed to the merciless pelting of the pitiless tempest, Kent feelingly implores the king to seek shelter from the "tyranny of the open night," in an adjoining hovel. It is then that Lear gives expression to the great psychological truth just enumerated—

"Thou think'st 'tis much, that this contentious storm
 Invades us to the skin: so 'tis to thee;
 But *where the greater malady is fixed,*
The lesser is scarce felt;
 * * * * The tempest in my mind
 Doth from my senses take all feeling else
 Save what beats there."

Disease of the brain may destroy all apparent consciousness of pain, and keep in abeyance the outward and appreciable manifestations of other important indications of organic mischief. Extensive disease of the stomach, lungs, kidneys, bowels, uterus, and heart, has been known, during an attack of insanity, to progress to a fearful extent, without any obvious or recognisable indication of its existence. Insanity appears also occasionally to modify the physiognomy and symptomatology of ordinary diseases, and to give them peculiar and special characteristic features.

Again, it is necessary for the physician to watch the operation of medicine in masking important diseases. The different forms of narcotics, if given in heroic doses, often mislead us in our estimate of the nature of bodily diseases not directly connected with the mental affection. In the examination of these cases the most essential preliminary matters of inquiry have relation to the age, temperament, previous occupation, and condition in life of the patient. It will be necessary to ascertain the character and duration of the attack; whether it has resulted from moral or physical causes; is of sudden, insidious, or of slow growth; whether it has an hereditary origin, is the effect of a mental shock, or of mechanical injury; whether it is the first attack, and, if not, in what features it differs from previous paroxysms. It will

also be our duty to ascertain whether the insanity be complicated with epilepsy, paraplegia, or hemiplegia, or with suicidal and homicidal impulses. If any prior treatment has been adopted, we must inform ourselves of its nature; and also ascertain whether the patient has suffered from gout, heart disease, rheumatism, cutaneous affections, or syphilis? It is important to obtain accurate information in relation to the condition of the uterine functions, and to ascertain the state of the moral affections. We should also inquire whether the patient has been suspected of habits of self-abuse. Having obtained accurate information upon these essential points, our own personal observation will aid us in ascertaining the character of the mental disturbance; the configuration of the head, chest, and abdomen; the gait of the patient, the degree of sensibility and volitional power manifested; the state of the retina, the action of the pulse, the composition of urine, and temperature of the scalp and body generally; the condition of the skin and chylo-poietic viscera; the action of the heart, lungs, and nature of any existing disease of the uterus. If a patient complains of any local mischief, however imaginary it may appear to be at the time, it is essentially necessary that we should clearly satisfy our minds upon the point, before dismissing it as not entitled to serious investigation. A patient once bitterly complained of retention of urine; upon examination, the bladder, was found to be distended, and the man had passed no urine for twenty-four hours. I was about to introduce a catheter, when the patient burst into a fit of laughter, and immediately emptied his bladder. Esquirol relates a case of a merchant, who, whilst suffering from melancholia, declared that some foreign body was sticking in his throat. No notice was taken of this supposed fanciful idea. The patient died, and an ulcer was discovered at the upper third of the œsophagus. A patient complained of devils being in his stomach and bowels, and declared that they were acted upon by electric, magnetic agencies. After death he was found to have scirrhus of the stomach, and chronic inflammation of the bowels. A patient refused to eat; he said he could not swallow his food without great pain. As he had exhibited other symptoms of a disposition to suicide, it was thought by myself and others, that his obstinate refusal of food was associated with ideas of self-destruction. He died, and at the post-mortem examination a stricture in the pylorus was discovered.

These illustrations, and they could easily be extended, will prove the importance of paying minute attention to particular delusions with the view of ascertaining whether they have not an *actual* physical origin.

The *prognosis* in cases of insanity will mainly depend upon the duration of the attack, its character and origin, and the diathesis of the patient. The prognosis is generally unfavourable if the disease be hereditary—if the symptoms are similar in character to those exhibited by other members of the family when insane. Insanity, accompanied by acute excitement, is, *cæteris paribus*, more easy of cure than when it has been of slow and gradual growth, and is marked by great mental depression. The prognosis is favourable in cases of puerperal mania; it is unfavourable when there exists a want of symmetry between the two sides of the head, with small anterior and large posterior cerebral development. Any great inequality in the cranial conformation would be a suspicious indication. The existence of any malformation in the development of the chest is also an unfavourable sign, and would induce us to give a guarded prognosis. Dr. Darwin says, when a person becomes insane, who has a small family of children to absorb his attention, his prospect of recovery is but small, as it establishes that the maniacal hallucination is more powerful than those ideas which ought to interest the patient most. The prognosis is unfavourable when patients are under the morbid delusion that they are poisoned, and constantly complain of suffering internally from peculiar sensations. Religious delusions are more difficult to eradicate than other morbid impressions. The age of the patient will materially guide us in forming a correct prognosis. Hippocrates says the insane are not curable after the fortieth year; Esquirol maintains the greater portion recover between the ages of twenty and thirty; Haslam between the ages of ten and twenty. As a principle, we may conclude that the probability of recovery in any given case is in proportion to the early age, physical condition, and duration of the attack. When a patient has youth and a good constitution to aid him, and is advantageously placed, having at command remedial measures, and is excluded from all irritating circumstances, the prognosis may be considered favourable. I have seen patients after the advanced age of sixty and seventy recover; and cases of cure are upon record, where insanity has existed for ten,

fifteen, and twenty years. In forming our prognosis, it is important to ascertain the educational training of the patient. Has he been in the habit of exercising great self-control? Has his mind been well disciplined? Has he kept in abeyance the passions, or have the emotions and impulses of his nature obtained the mastery over him? He who has been taught to practise self-denial and self-control in early life is, *cæteris paribus*, in a more favourable position for recovery than he who has permitted himself to be the willing and obedient slave of every wild passion and caprice. Insanity, accompanied with criminal propensities, is said to be incurable, because, as Ideler urges, such patients "cannot bear the torments of their consciences, and relapse into the stupefaction of insanity to flee from the consciousness of their guilt."* The prognosis is unfavourable when the insanity is complicated with organic disease of the heart and lungs, with deafness, and paralysis in any of its forms.† Lesions of the motor power are very unfavourable indications. Great impairment of mind, accompanied with delusions of an exalted character, and associated with paralysis, is generally incurable. Esquirol says, epilepsy, if associated with insanity, places the patient beyond all prospect of cure. I should be loth to adopt this sweeping condemnation. I have seen attacks of epilepsy, combined with mental derangement, recover; although, I admit, they constitute a difficult class of cases to manage. Epileptic vertigo, the *Petit-Mal* of the French, is generally more disastrous in its effects upon the powers of the mind than other forms of epilepsy. The prognosis in these cases is generally unfavourable.

In submitting for your consideration a few *general principles of medical treatment*, I would premise, that, in a lecture like the present, it would be impossible to develop, in anything like detail,

* "No disease of the imagination is so difficult of cure as that which is complicated with guilt; fancy and conscience then are interchangeably upon us, so often shift their places, that the illusions of the one are not distinguished from the dictates of the other. If fancy presents images not moral or religious, the mind drives them away when they give it pain; but when melancholic notions take the form of duty, they lay hold of the faculties without opposition, because we are afraid to exclude or banish them: for this reason the superstitious are always melancholy, and the melancholy always superstitious."—DR. JOHNSON. *Rasselas*.

† "Deafness is not of itself a symptom of insanity, but it is often a concomitant, and their combination forms incurable insanity. The reason probably is, that the same cause which destroys the hearing, or affects the auditory nerve, extends also to the brain itself."—DR. BRIGHAM.

the special and particular class of remedial agents adapted for all forms of deranged mind. My time will only admit of generalizing this subject, and of directing attention to some of the more prominent phases of insanity, and those which present to us the greatest obstacles and difficulties in their management.

In regard to the treatment of acute mania, the important and much litigated question among practitioners of all countries, is that relating to the propriety of depletion. Need I refer to the conflicting and contradictory opinions entertained by eminent writers on this important and much-vexed therapeutical point? Whilst some practitioners of great repute and enlarged experience fearlessly recommend copious general depletion for the treatment of insanity, and cite cases in which this practice has been attended with the happiest results, others, equally eminent, whose opinions are as much entitled to our respect, fearlessly denounce the lancet as a most fatally dangerous weapon, and shudder at the suggestion of abstracting, even locally, the smallest quantity of blood! In avoiding Scylla, we must be cautious of being impelled into Charybdis. The error consists in a vain effort to discover a *uniform mode of treatment, and attempting to propound some specific mode of procedure adapted to all cases*. He who maintains that bloodletting is never to be adopted in the treatment of mania, without reference to its character, its origin, the peculiar constitution of the patient, and the existence of local physical morbid conditions, which may be materially modifying the disease, and giving active development to morbid impressions, is not a safe practitioner. Neither would I confide in the judgment and practice of the physician who would, in every case of violent maniacal excitement, attempt to tranquillize the patient and subdue excitement by either general or local depletion.

In attacks to insanity, when the symptoms are acute, the patients young and plethoric, the habitual secretions suppressed, the head hot and painful, the eyes intolerant of light, the conjunctivæ injected, the pupils contracted, the pulse rapid and hard, and the paroxysm sudden in its development, *one* general bleeding will often arrest the progress of the cerebral mischief, greatly facilitate the operation of other remedies, and ultimately promote recovery. In proportion as the symptoms of ordinary insanity approach those of phrenitis, or meningitis, shall we be justified in

the use of general depletion. Although it is only occasionally, in instances presenting peculiar characteristic features—cases occurring in the higher ranks of life, where the patient has been in the habit of living *above par*, and is of a sanguineous temperament—that we are justified in having recourse to the lancet, there is a large class of recent cases presenting themselves in the asylums for the insane, both public and private, in the treatment of which we should be guilty of culpable and cruel negligence, if we were to omit to relieve the cerebral symptoms by means of the *local* abstraction of blood. It is, alas! the fashion and caprice of the day to recklessly decry the application of cupping-glasses or of leeches in the treatment of insanity, in consequence, I think, of the slavish deference shown to the opinions of a few eminent French pathologists, who have, by their indiscriminate denunciation of *all depletion*, frightened us into submission, and compelled us to do violence to our own judgment. The local abstraction of blood is, in the hands of the discreet and judicious practitioner, *a powerful curative agent*; and yet it is the practice of some men, and men, too, of position, to discard altogether the remedy!

I will briefly refer to the kind of case in which the local abstraction of blood will be found most beneficial, if proper regard be had to the temperament, constitutional condition, and the local circumstances modifying the character of the attack. In insanity, when the exacerbations occur at the menstrual period, leeches to the vulva and thighs, with the use of the foot-bath and the exhibition of aloetic purgatives, will be attended by the most favourable results. In irregular and obstructed menstruation, the local abstraction of blood will be very serviceable. In suppressed hæmorrhoids, leeches to the neighbourhood of the sphincter ani will act beneficially by unloading the hæmorrhoidal vessels, and thus relieve the brain of undue excitement. In cases of nymphomania, leeches to the vulva are indicated, and have been known to produce great benefit. In cases of intermittent insanity, the paroxysm may often be cut short by relieving the overloaded state of the vessels of the head by means of cupping or the application of leeches. In some instances, I have applied leeches to the Schneiderian membrane, particularly for the treatment of insanity occurring in early life, and connected with conduct evidently the effect of cerebral irritation. I have

seen this mode of procedure of essential benefit in persons of plethoric constitution and of sanguineous temperament. Occasionally the insanity is found to be associated with active visceral disease, or with hypertrophy and other affections of the heart. Under these circumstances, when there exists great tenderness over the region of any of the visceral organs, and we are satisfied, by a careful stethoscopic examination, that hypertrophy of the heart is present, leeches applied over the seat of the local mischief, conjoined with other appropriate treatment, will materially aid us in subduing the maniacal affection. In cases of illusions of hearing, or of vision, it will often be necessary to apply leeches behind the ears, or over the superciliary ridges. I have known this practice entirely remove the morbid illusions which had been embittering the patient's life.

But apart entirely from the local affections to which I have referred, for the treatment of idiopathic insanity, apparently without any complications, or modified by any of the associated diseases, the careful and temperate local abstraction of blood, when general depletion is inadmissible, will often materially shorten the duration of an attack and restore the mind to a healthy condition. I am anxious to record my favourable opinion of this mode of treatment, because I have witnessed so many sad results from an opposite timid and reprehensible neglect of the means placed within our power for the treatment of the varied forms and degrees of mental derangement. Sad consequences have undoubtedly followed the indiscriminate use of depletory measures. The presence of violent mental excitement has occasionally led the practitioner to the conclusion that the disease was of an active character; and in the attempt to allay the undue cerebral excitement by means of antiphlogistic measures, the patient has sunk into incurable and hopeless dementia! But whilst recognising an *anæmic* class of case, where great excitement is often associated with loss of nervous and vital power, we must be cautious in permitting serious disease to be creeping stealthily on in the delicate structure of the brain, no effort being made to relieve the congested cerebral vessels or inflamed nervous tissue, until serious disorganization has taken place in the vesicular matter, and the patient is for ever lost. In the treatment of acute mania, the remedy next in importance to cautious depletion is that of *prolonged hot baths*. To Dr. Brierre

de Boismont, of Paris, at whose excellent institution I first witnessed the application of this remedial agent, the profession is indebted for reviving a practice which had long fallen into disrepute. In the treatment of acute mania, the prolonged hot baths will be found of the most essential service. Dr. Brierre de Boismont has recorded the history of sixty-one out of seventy-two cases that were subjected to this mode of treatment. Three-fourths of this number were cured in a week, and the remainder in a fortnight. The patients remain from eight to ten and fifteen hours in warm baths, whilst a current of cold water is continually poured over the head; the temperature of these baths is from 82° to 86° Fahr.; the affusions 60° Fahr. Among the therapeutic effects of these baths, Dr. B. de Boismont reckons a diminution of the circulation and respiration, relaxation of the skin, alleviation of thirst, the introduction of a considerable quantity of water into the economy, an abundant discharge of limpid urine, a tendency to sleep, a state of repose. This mode of treatment is said to be inadmissible in cases of periodic intermittent mania, in insanity beginning with great mental impairment, or associated with epilepsy or general paralysis. The result of my own experience of this plan of treatment has produced a very favourable impression upon my mind, and I think it is entitled to a fair trial in all our asylums where recent cases are admitted.

In some forms of acute mania it is desirable, as a substitute for depletion, to diminish the activity of the circulation by the exhibition of nauseating doses of the tartrate of antimony; it may be serviceably combined with the tinctures of digitalis and hyoscyamus. This remedy, however, requires close watching, as it often has been known to suddenly reduce the vital powers to a low ebb, and extinguish life. It will be found beneficial in proportion to the recent character of the case and the positive activity of the cerebral circulation. The tincture of digitalis was formerly in great repute as an anti-maniacal remedy; the experience of late years has not encouraged us in administering it in the doses prescribed by some of the old writers; nevertheless, it is a useful agent, and occasionally proves a valuable auxiliary in the hand of the practitioner who carefully observes its therapeutic operation.

For the cure of the acute forms of insanity, the douche bath has been much lauded; but this remedy is now rarely used in

British asylums. I have occasionally seen benefit derived from its exhibition, but great caution is required in its use. A patient has been subjected, whilst in a paroxysm of acute delirium, to the douche bath, and has sunk almost immediately into incurable idiocy! The physical shock has occasionally been known to produce a good moral impression. For illustration: a patient imagined himself emperor of the world, and would not allow any one to address him by any other title. The immediate application of the douche bath destroyed his idea of royal dignity, and he was willing to admit that he had never been, nor was at any time, a regal personage. A few hours subsequently the delusive impression returned in all its original force; the douche bath was again had recourse to, and a second time the morbid impression vanished; by a series of baths he was restored to sanity, and after his complete recovery, when the particulars of his case were placed before him, he observed, 'Why did you not whip me, and beat this nonsense out of my head? I wonder how you could have borne with my folly, or I have been guilty of such contemptible arrogance and obstinacy.' As a substitute for the douche, the shower bath is often used with great benefit, particularly in certain forms of melancholia, associated with nervous depression and general debility. In cases of melancholia, or other kinds of chronic insanity connected with a congested state of the liver, the nitro-muriatic bath will occasionally do much good. In a few instances I have noticed marked benefit from the use of Bertolini's sedative bath, composed of henbane two pounds, and equal parts of hemlock and cherry laurel leaves, well infused in a sufficient quantity of hot water. But the simple hot bath, in certain conditions of the nervous system, particularly in some forms of suicidal mania, is of the utmost benefit. A warm bath a short period before retiring to rest, bathing the head at the same time with cold water, particularly if the scalp be unnaturally hot, will often ensure a quiet and composed night, when no description of sedative, however potent its character and dose, would influence the system.

In the early stages of insanity, and throughout its whole course, the bowels are often in an obstinately constipated condition. The concentration of nervous energy in the brain interferes with that supply which should proceed to other structures; consequently there appears to be a want of healthy sensibility in the

mucous membrane of the bowels, and an interruption to the peristaltic action of the intestinal canal. There is no class of agents which acts so certainly and effectually, in relieving the mind when under the influence of depressing emotion, as cathartics. The ancients considered hellebore as a specific in certain forms of melancholia. In the hands of modern practitioners, this drug has not been found to merit the high encomiums which have been passed upon it. It is important in every case of insanity, but particularly in the acute stages of mental derangement, to act powerfully upon the bowels by means of a succession of brisk purgatives. The bowels are often found gorged with fecal matter, and immediate relief often follows the administration of two or three doses of calomel and colocynth, or of croton-oil. It will often be necessary to assist the operation of the cathartics by means of enemata. In hysterical and some other forms of insanity there is frequently a disposition on the part of the patient resolutely to resist the calls of nature, and, knowing this peculiarity, we must carefully watch the condition of the bowels, otherwise serious mechanical obstructions may ensue, followed by intractable diseases of the rectum.

Insanity is often associated with gastric and intestinal disease, with an irritable condition of the mucous membrane of the alimentary canal; and, in such cases, although it is important to relieve the bowels and prevent them from being constipated, we must bear in mind that the injudicious exhibition of irritating drastic cathartics may aggravate the mental disease, by increasing the gastric and intestinal irritation, and thus do permanent and irremediable mischief. Much injury may arise from the indiscriminate administration of cathartics. In insanity associated with menstrual obstructions, it will be necessary to exhibit the class of purgatives known to act specifically upon the lower bowel; consequently aloetic cathartics, such as the compound decoction of aloes, and the compound galbanum pill, are found of most service. In plethoric conditions of the system, when there is a marked determination of blood to the head, no medicine will relieve so speedily as active doses of the compound powder of jalap.

In the treatment of insanity, the class of medicines termed *sedative* play an important part. If exhibited with judgment, the most gratifying results often follow *their continuous and*

persevering administration. The sedative treatment of insanity is a subject of itself, and I quite despair of touching even upon the confines of the many interesting and important points involved in the consideration of this division of my lecture. In insanity unassociated with active cerebral circulation, congestion, or paralysis, or after the head symptoms have been relieved by the local abstraction of blood and the administration of appropriate medicine, the exhibition of sedatives will be followed by the most beneficial results. In recent cases they are generally inadmissible, except in delirium tremens and puerperal insanity, and other forms of derangement analogous in their pathological character and symptoms to these affections. In chronic insanity, in melancholia unconnected with abdominal repletion, or visceral disease, the persevering use of sedatives in various combinations will often re-establish sanity, when no other course of treatment would be successful in dispelling the illusive impressions, or raising the drooping and desponding spirits. Battley's solution, the tincture of opium, the meconite, acetate, and hydrochlorate of morphia, the preparations of hyoscyamus, conium, stramonium, camphor, hops, aconite, ether, chloroform, hydrocyanic acid, hydrochloric ether, Indian hemp, are all of great and essential service, if administered with judgment and sagacity. In suicidal insanity, when local cerebral congestion is absent, and the general health and secretions are in good condition, the meconite and hydrochlorate of morphia often act like a charm, if *uninterruptedly and perseveringly given* until the nervous system is completely under their influence. I have witnessed the most distressing attacks of suicidal mania yield to this treatment, when every other mode of procedure had failed. I could cite the particulars of numerous cases of this form of insanity radically cured by the occasional local abstraction of blood from the head, the administration of alteratives, the warm bath, and sedatives. In the exhibition of this powerful curative agent, our success will often depend upon a *ready adaptation of the form of sedative to the description of case in which it may be deemed admissible, and a judicious admixture of various kinds of sedatives.* I do not think we pay sufficient attention to this fact. I have often seen an apparently incurable and unmanageable case yield to a combination of sedatives, which had resisted the operation of any one or two when given separately. The extract of conium is often

of service in cases of insanity combined with epilepsy; conjoined with mineral tonics, conium is occasionally of benefit, particularly in melancholia connected with chronic disease of the digestive organs and with neuralgia. In cases of uterine irritation, I have seen great good result from the combination of hops, camphor, and hyoscyamus. In illusions of vision, belladonna, commencing with quarter-grain doses, will be found a useful remedy. In insanity complicated with dysmenorrhœa, the combination of camphor with hyoscyamus, opium, or conium, may be given with great advantage. The hydrochlorate of morphia, in union with dilute hydrochloric acid, is said to be useful in cases where the sedative treatment is desirable. I am often in the habit of exhibiting sedatives and tonics in combination, particularly conium with iron, opium with quinine, or with the infusion or compound decoction of cinchona. In debility, with irritability of the nervous system, accompanied by restlessness, Battley's solution, with the preparations of cinchona, will often prove of great benefit. The tincture of sumbul I have occasionally administered, and I think with advantage, in paroxysmal or convulsive forms of insanity. I have given it to the extent of one or two drachms for a dose. In hysterical derangement, the tincture of Indian hemp will occasionally allay the excitement, and produce sleep more rapidly than any other form of sedative. The valerianate of zinc has not answered the expectations of those who have spoken so highly of its medicinal virtues. Tincture of opium with camphor, and the tartrate of antimony, is an excellent combination in cases of doubtful cerebral congestion. Tincture of hops, in doses of from one to four drachms, may be necessary, when no other formulæ are admissible. As mild forms of sedative, compound ipecacuanha powder, extract of lettuce, and the syrup of poppies, are occasionally recommended; a good substitute for Dover's powder is a pill composed of opium, ipecacuanha, and soap.

The more chronic forms of insanity, particularly melancholia, are occasionally difficult of cure. Owing to the slow, obscure, and insidious character of the disease, the mental affection has generally been of some duration before the attention of the practitioner has been directed to its existence. As this form of derangement generally exhibits itself in trifling perversions of the affections and propensities, leading to little acts of extravagance and irregu-

larity of conduct, associated with great depression, we often find the attack has existed some years before a necessity has been felt for any medical advice or treatment—perhaps a suicidal propensity has manifested itself, this being the first apparent overt act of insanity.

It is necessary, before suggesting any course of treatment in melancholia, to ascertain whether any latent visceral disease be present. Occasionally, the local irritation will be found either in the liver, the stomach and bowels, or uterus. In the religious and other forms of melancholia in females, the delusions are often associated with uterine irritation; and under such circumstances, if actual physical derangement of an active character exists in this organ, the best treatment will be, the application of leeches to the neighbourhood of the uterus, combined with warm hip-baths, sedatives, and mineral tonics. In cases of melancholia, the digestive functions are often much deranged, the circulation, languid, the skin cold and flaccid, the secretion vitiated. These symptoms are often conjoined with a general loss of the *vis vitæ*. Such patients require generous diet, good air, gentle exercise, and occasional stimuli. When dyspeptic symptoms are combined with an inactive state of the bowels, I have often administered the compound tincture of guaiacum with great benefit. It is important to watch the particular features in these cases, and to improve the general health by the exhibition of mild alteratives and vegetable tonics, with alkalies. I have occasionally administered, with success, in this form of insanity, apparently associated with an abnormal condition of the nutrition of the brain, cod-liver oil, with preparations of iron.

My time will not admit of my submitting for your approval the treatment best adapted for those forms of the mental disease associated with an atrophied or softened condition of the nervous matter. I think more is to be done for the cure of these cases than the writings of medical men would lead the student to suppose, particularly if the disease be seen and subjected to treatment in the early stages. I have recorded the details of several instances of cerebral disease, exhibiting all the legitimate features of ramollissement, and yielding to the persevering administration of the preparations of iron, phosphorus, zinc, and strychnia, combined with generous living, and the occasional application of a leech behind the ear, should indications of

cerebral congestion be present.* I have also derived benefit from the use of the milder forms of mercurials, associated with cinchona. In cases of impairment of the mind, loss of memory, defective power of attention, occasional paroxysms of *mental* paralysis, unconnected with lesions of the *motor* power, I have found a solution of the acetate of strychnine, and a solution of the phosphate of strychnine, of great advantage.

In some chronic forms of insanity, in dementia, and persistent monomania, connected, as it was supposed, with morbid thickening of the dura mater, and with interstitial infiltration of the membrane, as well as with exudations upon its surface, I have occasionally had the head shaved, and have perseveringly rubbed over the scalp a strong ointment of the iodide of potassium combined with strychnine. In other instances I have kept the head painted with the mixture of iodine. I have seen marked benefit from this mode of treatment. When the mental symptoms are supposed to be associated with effusions of serum, I have ordered the iodine to be applied externally, at the same time exhibiting minute doses of calomel, or mercury-with-chalk, to slightly affect the system: this, conjoined with occasional tonics, diuretics, and stimuli to support the vital powers, is occasionally productive of considerable benefit, in cases apparently placed quite beyond the reach of improvement or cure.

I have briefly referred to two distressing and often unmanageable forms of insanity—viz., of *suicidal mania*, and of those cases where the *patient obstinately refuses to take either food or medicine*. In insanity associated with suicidal tendencies, it is important to ascertain whether any cerebral congestion exists. If such be the case, a few leeches applied to the head, followed by an active cathartic, will relieve the local irritation, and often dissipate the idea of self-destruction. In the absence of any positive active cerebral symptoms, the prolonged hot bath, and the persevering exhibition of some form of sedative, is the best treatment to be adopted. I have seen the suicidal impulse removed after the administration of a few doses of belladonna; but the meconite and hydrochlorate of morphia, if given for a sufficient length of time, will, in the great majority of cases, distinct from actual incurable visceral or cerebral disease, effect a cure. Occa-

* In 1830, twenty-four years ago, my first observations on "Ramollissement of the Brain" were published in the *Lancet*.

sionally, the shower-bath, and counter-irritation in the vicinity of the head, will aid us in re-establishing health. Cases sometimes present themselves where the patient obstinately refuses to take either food or medicine. This character of case gives much anxiety. The refusal of food may be connected with the intention to destroy life, or it may be associated with and caused by delusive impressions. I am inclined to believe, that, in the majority of these cases, the symptom is the result of some irritation existing in the great ganglionic centres remote from the sensorium, affecting by direct action the organ of thought. Upon examination, we often find, in these cases, great gastric derangement, obstinate constipation, considerable tenderness upon pressure in the epigastric region, hepatic disease, the tongue foul, breath offensive, and other symptoms of derangement of the chylopoietic viscera. The determination to resist nourishment arises, under such circumstances, from a *positive loathing of food—a want of all inclination for it*. I have seen cases where it has been deemed necessary, in order to prolong life, to introduce food forcibly into the stomach, speedily cured by the adoption of means calculated to improve the general health and digestive organs. Mild alteratives, vegetable tonics, blisters over the region of the stomach, if the patient complain of pain in that region upon pressure, the warm and shower bath, are the most successful remedies to adopt in cases connected with obvious visceral derangement. Instances sometimes occur, where the refusal of food is clearly traceable to the presence of a delusion—an hallucination of taste, which makes everything appear to the patient bitter, disgusting, and poisonous. The unhappy patient often imagines that he is commanded, either by good or evil spirits, not to eat. These patients must be treated upon general principles, and the remedies be adapted to the peculiar character of each individual case. Under such hallucinations of taste, patients often swallow the most extraordinary articles. The case of a lunatic is recorded, who imagined that his stomach required to be strengthened with iron. He was seized with inflammation of the œsophagus, of which he nearly died. He then confessed that he had swallowed the blade of a knife. After his death, there was found in his stomach seven oxidated lath nails, each two inches and a half long; thirty-three nails, two inches long; forty-nine smaller iron nails and rivets; three pieces

of wound-up iron wire ; an iron screw, an inch long ; a brass image of a saint ; part of the blade of a knife ; and other articles ; amounting in number to 100, and weighing about twenty ounces. It will be necessary, in cases like those to which I have been referring, to ascertain whether the determination not to eat is the effect of such perversions or hallucinations of taste.

I can only in this lecture allude in general terms to the importance, as a principle of treatment, of the administration of tonic remedies, active exercise in the open air, and to good and generous living. It is rarely necessary, in the treatment of insanity, to deprive the patient of animal food. Individual cases occasionally come under our notice, in which it is indispensable, for a time, to enforce a farinaceous diet ; but such is not often our duty. Among paupers, insanity is frequently cured by the free use of good animal food, and a generous supply of porter. Even when we are satisfied of the necessity of local depletion, it will often be requisite to give wine, and allow the patient a generous diet.

There are many other essential points in connexion with this important, this vast subject, which I am reluctantly compelled to pass entirely over. When I had resolved to bring this matter before the profession, I quite despaired, in the time allotted for *one* lecture, of being able to skim even upon the surface of the many deeply interesting points involved in the inquiry ; but feeling—deeply, earnestly feeling—that, in relation to my own speciality, the subject of the medical treatment of insanity was of the first moment, of the most vital importance, to the profession as well as to the public, I did not hesitate in selecting this topic for one of my lectures, feeling assured that you would kindly make allowance for all imperfections, and generously appreciate the difficulties I had to encounter in concentrating in one short lecture a faint glimpse or shadow of a subject requiring for its successful exposition nine or ten lectures, equal in length to the one I have had the honour of reading this evening. I may have formed an extravagant and exaggerated conception of this subject, but I cannot close my eyes to the *fatal consequences which have so often ensued from a belief in the incurability of insanity by medical means*. In all grades of society we witness the pernicious, the fatal, the disastrous effects of this dogma. We see it influencing the conduct of county magistrates in the architec-

tural proportions, medical organization, and general arrangements of our great national asylums. We also perceive the consequences of the error operating in many of the private institutions for the treatment of the insane, thereby degrading them into places of detention, instead of conferring upon them the character of HOSPITALS FOR THE CURE OF THE INSANE, under the supervision of medical officers, well trained, by preliminary education, for their important vocation, acquainted with the philosophy of the human mind, and fitted by the character of their *heart*, as well as by the vigour of their *intellect*, for the right performance of the solemn and responsible duties entrusted to them by the public and the legislature.

LECTURE III.

ON MEDICO-LEGAL EVIDENCE IN CASES OF INSANITY.

I HAVE selected for my third and concluding Lecture a subject of great, vast, and of daily increasing magnitude and importance, not only if viewed in relation to our position as citizens of the state, privileged to live under the protection of a monarchical government and a constitutional sovereign, but as members of an honourable and learned profession, exercising—rightly, justly, and advantageously exercising—an incalculable degree of moral influence through all sections of society, and all departments of art, science, and philosophy. Is it possible to over-estimate or to exaggerate the interest of the subject now under consideration? I propose to submit to your critical judgment a sketch of our high and responsible vocation as medico-legal witnesses—to suggest for adoption certain general principles of evidence, which may serve as our guide when called upon to give testimony in difficult, doubtful, and disputed cases of insanity. The position of the medical witness, even under the most favourable circumstances, is perplexing, anxious, and embarrassing. The character of his education, the peculiarity of his habits of thought, the philosophic cast of his mind, his constant and earnest search after truth, the nature of his daily professional occupation, ill adapt him for contending in the forensic arena with the knowledge, ability, and subtle acumen which are so often brought to bear (in courts of justice) against those little skilled in the art of legal fence. Occasionally we have to give testimony in relation to matters of *fact*; to describe *physical* states—phenomena cognizant to sense. For example: in cases of sudden death from supposed poisoning, the toxicologist has certain well-defined scientific data to guide him to a right conclusion; he is in possession of well-recognised tests, which bring him almost uner-

ringly to a sound and safe deduction; his evidence has reference more to an *exact*, than to a speculative—to a certain, than an uncertain science; his province (when in court) is simply to record the results at which, after careful investigation, he has arrived. The questions involved in the inquiry, whether death, under suspicious circumstances, was natural, self-inflicted, or the effect of extraneous violence, are not *necessarily* intricate, obscure, or difficult of satisfactory solution. How different, however, is the position of the witness, when his mind is brought to the consideration of questions connected with morbid mental phenomena? In these exalted inquiries he has no fixed or certain test—no infallible standard—no well-defined rules—no principles of exact science, to aid him; no beacon to protect him from the rocks and quicksands which beset his course—no chart to refer to in times of difficulty—no compass to guide him in the hour of danger—no harbour of refuge into which he can run his fragile vessel when the tempest is howling and destruction impending. As medico-legal witnesses, the obstacles with which we have to contend are often of a grave and serious character. We have to deal with phenomena, of the essence or intimate nature of which we know absolutely—positively, nothing. It is our duty to elucidate principles of belief—to unravel motives of action—to explain erratic conduct the most anomalous and extraordinary; we have to trace the line which separates passion—the subtle and shifting transformations of wild, ungovernable, and impetuous passion—from the excitement of mania, and the morbid emotions incident to the minor forms of diseased mind; to sketch the varying frontier, the nice and shadowy distinctions, which separate lunacy from malignity—madness from brutality; to point out where folly merges into mental derangement—where *responsibility* terminates, and *irresponsibility* commences; to distinguish between *eccentricity* and *insanity*—*crime* and alienation of mind—*vice* and *mental derangement*—between the delusions of the lunatic and the false conclusions—the illogical deductions—the unphilosophical reasoning of men of sound intellect and of rational understanding,—to separate the normal rhapsodies of the healthy imagination, and the Arcadian illusions of the poet, from those *morbid* conceptions of the fancy—those

——— “Daggers of the mind—false creations
Proceeding from the heat-oppressed brain”—

those "thick-coming fancies," the products—the well-recognised, indisputable symptoms of a mind thrown off its healthy balance by *actual cerebral disease*.

There is no possibility of our placing the diseased mental elements submitted to our critical examination in a psychological crucible or test-tube ; we cannot avail ourselves, in these delicate investigations, of the aid of the microscope ; there is no mode by which we can penetrate behind the curtain, or tear aside the veil that divides the *material* from the *immaterial*—*mind* from *matter* ; there is no possibility of our obtaining access to that mysterious chamber where the spiritual portion of our nature is elaborated ; we have no gauge, no square rule, by which we can ascertain in all cases, with any approach to chemical or mathematical accuracy, an accurate idea of the actual condition of the mind, when apparently under a cloud. In the elucidation of these points, we are in a great measure left to our unaided mental sense—to the uncertain guidance of our own deceptive experience, and alas ! often, fallible judgment.

We enter the witness-box, charged, under the solemn sanction of an oath, to decide the important questions as to the legal and moral responsibility of our fellow-men. In capital cases, we are called upon to declare whether the criminal was or was not insane when he committed the act ; whether, by disordered mind, he was reduced to a state of legal irresponsibility. In other cases, equally important matters are submitted to our adjudication, involving points relative to the competency of persons to make testamentary dispositions of their property, or manage, during life, themselves and their affairs. In the former case, the life of a fellow-creature is made contingent upon the evidence of those deputed to examine him, and delegated with the responsibility of recording their medico-legal opinion as to his state of mind ; in the latter instance, we are expected to depose to the competency of certain persons to exercise the otherwise inalienable privilege of disposing of property agreeably to their own notions of the law of inheritance and conceptions of what is just ; and, in the third case, it is our province to decide, not upon the solemn question of life or death, but whether a fellow-citizen is in a condition of mind to justify the law in alienating from him his *civil rights*, depriving him of the control of his person and affairs, and destroying, by a legal declaration of lunacy, his free

and independent agency. In the first case, it is our imperative duty to avert, if possible, *actual* death—a death of *moral* ignominy and of *physical* suffering; in the latter instance, it is left for us to pronounce whether legal dissolution is to be recorded against the party whose mind is the subject of medico-judicial inquiry. In the former case, it may, happily, be in our power to rescue a fellow-creature from the scaffold; and, in the latter instance, we may, by our evidence, have the not less pleasing gratification of shielding him from the expensive, but nevertheless, under proper circumstances, humane guardianship of the Court of Chancery.

Under circumstances like those I have now cursorily sketched, we have, as may readily be conceived, to contend with serious impediments. The witness has to encounter the prejudices and ignorance of those by whom he is surrounded—of those who, if otherwise enlightened, are too disposed to forget that the mental conditions relative to which he has to speak are the exceptions to the general laws by which human nature is guided, and that they can only be elucidated by facts of an extraordinary character, which rarely present themselves in the state of society in which an individual exists. In attempting to give the court before which he is subpœnaed a lucid statement of his opinion, based upon actual experience, long-continued observation, reflection, and patient study, the views thus expounded are too often considered either as the offspring of a false philosophy—a mawkish sensibility—a distorted science—the affectation of a learned and metaphysical subtlety—or, alas! as the sordid result of the paltry *honorarium* awarded to him for the expression of his professional opinion! The medical witness has to encounter the sarcastic doubts, the special pleading, the suspicious inuendoes, the legal finesse, of the acute and accomplished advocate, always on the alert to perplex and confound him; he has also arrayed against him the unbending dicta of the judge, and inexperience of the jury, easily misled by the plausible appeals, the persuasive eloquence, and *ad captandum* arguments of the counsel, who, occasionally, in the discharge of his duty as an advocate,* considers

* Lord Brougham, in his celebrated speech on Queen Caroline's trial, thus describes the duty of an advocate:—"An Advocate, by the sacred duty of his connexion with his client, knows, in the discharge of that office, but one person in the world—that client, and none other. To save that client by all expedient means—to protect that client at all hazards and costs to all others, and among others, to himself, is the highest and most

himself justified, whilst defending the interests of his client, to combat truth by sophistry—to dumb-found, confuse, and entrap the witness—dazzle and bewilder the judge—hoodwink the jury, and, by a combination of qualities which the accomplished *nisi prius* advocate and practised disputant is so competent to call into successful operation, make the “worse appear the better reason,” pervert the ends of truth, and thus make what ought to be revered as the TEMPLE OF JUSTICE, and held sacred as the MAJESTY OF THE LAW, a mockery and a jest.*

Having referred to the peculiar position of the medico-legal witness, I would direct attention briefly to the value—special and peculiar value—of the testimony of those who have directed their attention almost exclusively to the study of medical psychology, and who, by patient investigation and long experience, have obtained a practical insight into the characteristics of the varied phenomena of mental alienation, the habits and peculiarities of the insane, and who are therefore peculiarly fitted to give evidence in these cases.

Questions of great difficulty and complexity often arise in the course of important judicial investigations, involving matters of science, upon which the judge, jury, and counsel are incompetent, from actual want of knowledge, to form a sound and accurate unquestioned of his duties; and he must not regard the alarm, the suffering, the torment, the destruction, which he may bring upon others. Nay, separating even the duties of a patriot from those of an advocate, he must go on reckless of consequences, if his fate should unhappily be to involve his country in confusion!”—(Oct. 3, 1820.)

* “Addresses to a court of justice or a judicial body by a paid advocate, although they tend to a practical conclusion, do not fall under the head of *deliberative oratory*. The advice is not given upon the personal security, credit, and authority of the speaker, nor is he understood to speak his own convictions, but merely to follow his instructions, and to present the facts of the case and the application of the law to it, in the light most favourable to his client. Hence a paid advocate speaks without moral weight, and his arguments merely pass at their intrinsic value, without deriving any additional force from the source from which they proceed.”—*An Essay on the Influence of Authority in Matters of Opinion*, by George Cornewall Lewis, Esq., p. 132.

Sir James Johnston happened to say that he had no regard for the arguments of counsel at the bar of the House of Commons, because they were paid for speaking. *Johnson*. “Nay, sir, argument is argument; you cannot help paying regard to their arguments, if they be good. If it were testimony, you might disregard it, if you knew it were purchased.” There is a beautiful image in Bacon upon the subject: “Testimony is like an arrow shot from a long-bow—the force of it depends on the strength of the hand that draws it; argument is like an arrow from a cross-bow, which has great force though shot by a child.”

judgment. With a view to their elucidation, men of repute, termed in France *experts*, and in Italy *periti*, who have made the matter at issue a special object of study, are called upon for their testimony, and their evidence is generally considered as final and conclusive. In a case in which it is necessary, in order to satisfy the ends of justice, to submit certain portions of food, or the contents of the stomach, to careful chemical analysis, in order to ascertain, by the aid of delicate tests, whether a person had come to his death by fair means, professional gentlemen who have a reputation for having paid particular attention to such investigations, and who are practical and experienced chemists and toxicologists, are called upon for their opinion, and upon the result of their investigations the life or death of a fellow-creature often depends. No reasonable man disputes the value of such testimony.* A similar course is pursued when any difficult and complicated question arises connected with navigation, mechanics, or civil engineering. The most able men of the day are summoned to solve knotty points, and to settle questions of disputed science, which sagacious and experienced minds are only able satisfactorily to determine. For what object are matters of great difficulty and doubt submitted to the adjudication of the judges assembled in the highest courts in the kingdom, if it were not to obtain from men, presumed by their elevated station to possess the *maximum* amount of legal lore, a safe and satisfactory opinion?† If we were not daily in the habit of deferring to the knowledge and judgment of expe-

* "For all purposes of philosophical observation, a knowledge of the proper science and a peculiar training of the senses are requisite, and, therefore, a witness who possesses these qualifications is far more credible than one who is destitute of them. For example, a scientific naturalist, who reports that he has seen an undescribed animal or vegetable in a remote country, is far less likely to be mistaken than a common traveller, ignorant of natural history. A skilled witness of this sort may be considered in a certain sense, as a *witness of authority*, inasmuch as his previous study and habits of observation give a peculiar weight to his report of the phenomenon."—*Essay on Authority in Matters of Opinion*, by G. Cornwall Lewis, Esq.

† Cicero, in enumerating the circumstances which give authority to testimony, places first, *virtus*, and afterwards, *ingenium, opes, atas, fortuna, ars, usus, necessitas*, and sometimes *concursio rerum fortuitarum*. With regard to the latter, he says, "Sed reliquis quoque rebus, quanquam in iis nulla species virtutis est, tamen interdum confirmatur fides, si aut ars quædam adhibetur (magna enim est vis ad persuadendum scientiæ) aut usus; plerumque enim creditur iis qui experti sunt."—*Topica*, c. 19.

rienced and intelligent minds, why should there exist any necessity for the establishment, in connexion with the judicature of this country, of courts of appeal? Does not the eminent *common* law barrister bow with great submission to the distinguished *equity* counsel, and willingly and implicitly refer to *his* decision matters of great complexity connected with his own department of the profession? Is not the learned body of British jurists divided and subdivided into sections, each having its distinct and separate court? An analogous practice is adopted in our own science, and we are repeatedly availing ourselves of the superior attainments and practical knowledge of those whom we know have acquired a large amount of experience in special departments of our profession. I cannot conceive why medical men, who have devoted themselves to the study of the diseases of the mind, should not be equally competent with the experienced mechanist, the practical engineer, the learned jurist, the scientific chemist, and the toxicologist, to pronounce *ex cathedra* on points coming strictly within their own peculiar province.*

Whilst upholding the testimony of able, scientific, and experienced men, I would protect myself from the imputation of urging a slavish or blind submission to men even of admitted acute and vigorous intellects. "Although," says Lord Bacon, "the position be good, *oportet discentem credere*, yet it must be coupled with this, *oportet edoctum judicare*; for disciples do owe unto masters only a temporary belief, and a suspension of

* "In order that a person should be eminent in a learned profession, it is necessary that he should combine a knowledge of its principles with that judgment, tact, dexterity, and promptitude of applying them to actual cases, which are derived from habits of practice. The like may be said of persons conversant in the constructive arts, as architects and engineers, of the military and naval services, of agriculturists, gardeners, manufacturers of different kinds, &c. In order that they may give sound advice with respect to any practical question belonging to their own department, it is necessary that they should combine actual experience with abstract knowledge. In some cases, that experience implies even manual skill, which can only be acquired by practice. For example, a surgeon would not be a competent judge on a question of practical surgery, unless his judgment were assisted and corrected by actual manipulation of his instruments. In like manner a person cannot be a competent judge of works of art, such as statues, pictures, coins, engravings; or of articles of trade, as horses, wines, plate, &c., without practical observation and experience. In these cases a certain training of the sight is necessary, analogous to the training of the hands and limbs in a mechanical employment or trade requiring bodily dexterity."—G. Cornwall Lewis, *On the Marks of Trustworthy Authority, in an Essay on the Influence of Authority in Matters of Opinion.*

their own judgment until they be fully instructed, and not an absolute resignation or perpetual captivity.”*

When a medical man is summoned to record his testimony in a court of law, upon a case in which it is important to ascertain the degree of sanity that existed at any stated period, he gives his opinion to the best of his knowledge and ability, upon an *abstract* point, without any reference to ulterior results. He has not to regard the legal consequences of his evidence; it is not for the witness to consider whether life is to be prolonged to an indefinite period, or whether a fellow-being shall be immediately launched into eternity. To the questions—“Do you consider the party insane?—was he so, according to the best of your judgment, at such a period?” the medical gentleman experienced in the characteristics of insanity answers, negatively or affirmatively. If the accused party escape punishment, as the result of his opinion—if, in consequence of the medical evidence, his life be saved—I do not see by what right he can be held up to public odium and censure. The witness is not to be considered responsible for the operation of the laws (be they good or bad,) neither is he accountable for the escape of the prisoner, if acquitted on the plea of insanity, and thereby exempted from the extreme penalty awarded for his crime. The witness is sworn to state the truth according to his honest convictions, regardless of the *legal* results of his evidence.

There is, alas! a disposition in cases of alleged insanity to repudiate in courts of law all evidence of this specific and scientific character. I am bound, in justice to the legal profession, to confess, that, occasionally the evidence of medical men adduced at inquiries of this nature is extremely unsatisfactory. It is too often the practice to place in the witness-box professional men wholly incompetent to give testimony in cases of disputed insanity;—incompetent, from ignorance of the meaning of the ordinary medical terms used to designate the recognised forms of diseased mind, as well as from inexperience in the precise bearing of medico-legal evidence. I have, in my time, seen men manifesting great self-assurance and unbounded confidence in their own knowledge and sagacity, step flippantly and eagerly into the witness-box, only

* *Adv. of Learning*, b. i. vol. i. p. 45.

to retire sadly mortified. It has been my duty to see some melancholy exhibitions of painful professional humiliation, and I must admit, that in most cases they have arisen from an actual want of information on the subjects upon which the witnesses have been examined! If I were not indisposed to descend to particulars, I could refer to several recent trials for illustrations of what I have said. It is too commonly imagined that a knowledge of insanity comes by intuition, and that, without special and particular investigations of this class of affections, any well-informed and regularly-educated medical man is qualified to give evidence in courts of justice upon these matters. This is a sad mistake; but, unfortunately, the discovery is rarely made until the medical man has recorded his testimony.

The illiberal feeling to which I have adverted, as exhibited towards those who, in the discharge of an anxious and solemn duty, are occasionally called upon to give evidence in relation to insanity, has, on more than one occasion, manifested itself in our courts of judicature.

A few illustrations will suffice. The Lord Chief Justice of England, when playfully (I presume) alluding, in the celebrated Bainbrigge case, tried at the Stafford Assizes, to the evidence of the three physicians who had recorded their opinion in favour of the insanity of the testator, observed after they had retired from the witness-box, "The medical men who have just been examined need not be detained any longer?" Mr. Keeting—"Certainly not, my lord;" and upon Sir A. Cockburn assenting, Lord Campbell remarked, "Let it be fully understood, on both sides, that the medical men may take their departure;" and, addressing the three physicians, his lordship continued, "*You may go home to your patients, and I wish you may be more usefully employed there than you have been here!*" Again, in his charge to the jury, fearful that his graceful compliment might be obliterated from the recollection of the court, Lord Campbell added (when analyzing the medical testimony), "*We have had, during this trial, the evidence of three medical witnesses, and I think they might as well have stayed at home, and have attended to their patients.*"*

In connexion with these discursive sallies—these extra-judicial

* Taken from a report of the trial, printed for private circulation, from the short-hand writer's notes.

pleasantries (for such I presume they must be considered)—it is necessary to associate the subjoined facts:—This remarkable and celebrated trial was one of the most important disputed will cases which has been made the subject of litigation, in this country, for a considerable period; upon its issue depended property to a vast amount; the investigation of the facts of the case occupied more than a week; and some of the most illustrious advocates and distinguished common and equity lawyers were retained as counsel. The question at issue rested entirely upon the sanity or insanity of the testator. Evidence of a very conflicting character was adduced; the facts in relation to the alleged insanity were strangely contradictory; and it was therefore deemed necessary to bring specially from London, three physicians, who were, I presume, considered to be men of experience, sagacity, and science, to hear the sworn testimony; and, as *experts*, to state, to the best of their judgment, basing their conclusions upon the evidence adduced in court relating to the testator's condition of mind, whether he, when the will was executed, was of a healthy, sound, and disposing intellect? Can we conceive a more important and relevant question for the medical witnesses to decide, and one coming more legitimately and strictly within their jurisdiction?*

In March, 1848, the following case occurred:—A woman was delivered of a child. On the 10th of December, at the expiration of a week, she was seized with a violent attack of puerperal mania. Mr. Bell, of Tilstead, her medical attendant, gave instructions that she should be carefully watched, and on no account to have access to her child. On the 23rd of December, in the absence of her attendant, she persuaded her daughter to bring the infant to her, and obtaining possession of a razor, she almost immediately cut the child's throat! The prisoner appeared quite calm and collected after the occurrence; she admitted that she had destroyed the child, and that the crime was premeditated. The medical witness, in answer to a question from Lord Denman, before whom the case was tried, very properly declared, that the prisoner might have known that she was going to kill the child;

* In this case the jury returned an unanimous verdict against the will, on the ground of insanity. Owing to some informality, the case was to be tried a second time at Stafford, and two of the former medical witnesses were subpoenaed to give evidence; but, by mutual consent, the will was declared invalid, and consequently the question did not go to trial.

and he was of opinion that she acted under a sudden and uncontrollable impulse. The judge took objection to the term "sudden," because the prisoner had deliberately asked for her child, and had permitted a quarter of an hour to elapse before the razor was solicited. Mr. Bell then, with great propriety, observed, that the act was committed under an uncontrollable impulse, acting upon a mind previously diseased. In his charge to the jury, Lord Denham is reported to have said, that he was of opinion, "That the judgment of the medical gentleman had been very rashly formed." "How," exclaimed his lordship, with marvellous simplicity, "*How could one person dive into the mind of another, and express an opinion with regard to its being in an unsound state, when there was no evidence of any alteration of conduct, or any circumstances in the case to show alienation of mind?*"

If the act itself was insufficient to establish the insanity of the unhappy woman, her *prior* morbid condition—viz., that of *puerperal insanity*, (a form of mental derangement so generally associated with an intense and uncontrollable desire to destroy the offspring)—ought to have satisfied a judge fitted to adjudicate in these important cases, that the evidence adduced was *amply sufficient to justify the acquittal of the prisoner*. Lord Denman, however, thought otherwise.*

Leaving this section of the subject, I now proceed to the con-

* In a case of "wilful fire-raising," tried in Edinburgh some years back, the plea of insanity was raised in behalf of the prisoner. The presiding judge was the Lord Justice Clerk. Medical men of great eminence gave evidence in favour of the culprit; but in consequence of the prisoner "showing a certain degree of cunning and address" during the trial, the judge held that his mind was not in a state to exempt him from legal responsibility; and he laid it down that "this was just one of those cases in which the jury was a better judge of the real state of a man's mind, from hearing all the facts connected with the crime charged against him, than medical men who only saw the prisoner once or twice, when he might be cunning enough to perceive the object of their visit, and carry through a deception upon them for the express purpose of finding what the medical man would be led to think of him." In consequence of his lordship thus throwing aside the medical testimony, a verdict of *guilty* was recorded against the prisoner, and he was sent to Millbank prison preparatory to transportation. Whilst in prison his insanity immediately manifested itself; and it was deemed advisable to send him as a lunatic to Bethlehem hospital. This is but one illustration out of many I could cite, showing the folly of repudiating medical evidence in cases of insanity, and the absurdity of supposing that a jury, however intelligent, and a judge, however conscientious and sagacious, are competent, in questions of this kind, without the aid of scientific medical testimony, to arrive at a right conclusion.

sideration of the principal points involved in this inquiry, premising that I have, in unison with gentlemen of great eminence, of high standing at the bar, as well as with distinguished men connected with our own department of science, had to deplore—to deeply lament—the absence of any approximation to uniformity of opinion ; to regret the want of well-defined and settled *first principles* to regulate our judgment, and serve as beacons, when summoned into courts of justice to record our opinion upon questions of such scientific, social, and national importance. Upon these occasions, how often medical witnesses are conscious of the want of some specific rules to which they could appeal in cases of complexity, of doubt, difficulty, and obscurity? It is with the object of illustrating some of these points, and of suggesting a few principles in regard to medico-legal evidence, that I bring this matter before the profession.

The occasions upon which medical evidence is required in courts of law in reference to questions of insanity, and competency to manage the person and property, are as follows :—

1.

CASES IN WHICH THE PLEA OF INSANITY IS URGED IN EXTENUATION OF CRIME.

2.

CASES WHERE ATTEMPTS ARE MADE TO INVALIDATE THE LEGAL OPERATION OF TESTAMENTARY DISPOSITIONS OF PROPERTY, ON THE GROUND OF MENTAL INCOMPETENCY.

3.

WHEN LEGAL PROCEEDINGS ARE INSTITUTED TO INVALIDATE A MARRIAGE CONTRACT ON THE PLEA OF INSANITY AND IMBECILITY.

4.

IN COMMISSIONS “DE LUNATICO INQUIRENDQ,” ISSUED BY THE LORD CHANCELLOR, WITH THE VIEW OF ASCERTAINING THE EXISTENCE OF UNSOUNDNESS OF MIND, AND COMPETENCY OF THE PARTY (THE SUBJECT OF INVESTIGATION) TO MANAGE HIS PERSON AND PROPERTY.

5.

CASES IN WHICH MEDICAL MEN ARE CALLED UPON TO CERTIFY TO THE EXISTENCE OF INSANITY, JUSTIFYING AN INTERFERENCE

WITH THE PERSON OF THE LUNATIC, AND DEPRIVING HIM OF HIS FREE AGENCY, EITHER FOR THE PURPOSE OF PLACING HIM UNDER TREATMENT, OR PROTECTING HIM FROM THE COMMISSION OF ACTS OF VIOLENCE TO HIMSELF OR OTHERS.

If we refer to the acknowledged legal text-books upon the "Law of Lunacy;" if we examine the recorded opinions of all the distinguished jurists who have adorned the bench; if we wade through the published decisions of eminent criminal and ecclesiastical judges; if we (as a last resource) appeal to the combined wisdom and elaborate judgment of the learned conclave delegated by the British Parliament in 1843, to give an exposition of the law of lunacy, before the highest court of judicature in the country, we are obliged to confess that there exist no settled, uniform, fixed, or unerring principles of jurisprudence, or legal tests, in regard to questions of criminal or civil insanity.

Analyzing with great care the legal *dicta* of the judges, it would appear that the courts of law have, upon different occasions, admitted the following conditions of mind as evidence of insane and legal irresponsibility:—

1.

AN ABSOLUTE DISPOSSESSION, BY DISEASE, OF THE FREE AND NATURAL AGENCY OF THE MIND; PARTIAL INSANITY BEING NO EXCUSE FOR CRIME.

2.

THE EXISTENCE OF A DELUSION, THE CRIMINAL ACT BEING THE IMMEDIATE AND DIRECT RESULT OF THE MORBID IDEA; THE PROOF OF THE PRESENCE OF A DELUSION HAVING NO POSITIVE AND CLEAR CONNEXION WITH THE ALLEGED CRIME, NOT BEING LEGAL INSANITY, AND NO EVIDENCE OF THE EXISTENCE OF IRRESPONSIBILITY.

3.

A CONSCIOUSNESS OF OFFENDING AGAINST THE LAWS OF GOD AND MAN—IN OTHER WORDS, A KNOWLEDGE OF GOOD AND EVIL.

4.

A KNOWLEDGE OF RIGHT AND WRONG—LAWFUL OR UNLAWFUL—THE PRESENCE OR ABSENCE OF MOTIVE.*

* The judges will not permit the medical witness to infer the existence of insanity from the character of the *act itself*, apart from all other

I cite these *four* points as fairly embodying and truthfully representing the leading and fundamental principles of our criminal jurisprudence. It is unnecessary for me to remind you that occasions have occurred in which the courts have departed—plainly, palpably, and indisputably deviated—from these *dicta*, some of the judges having directed the acquittal of persons arraigned for the commission of capital crimes, in the teeth of the tests laid down in the House of Lords for their guidance. Cases are upon record in which parties have been absolved from legal responsibility who have had no *appreciable* delusion, much less one directly associated with and leading to the commission of the criminal act. Again, “*partial insanity*” has been held as a valid plea. Instances of what are termed “moral” and “impulsive insanity,” “transient” and “homicidal monomania,” have escaped the web of the law, and have eluded the judicial test. Nevertheless, I have placed before you the recognised and admitted legal criteria of insanity in cases of crime, and it is therefore imperative upon us, from our position, knowledge, and experience, to carefully ascertain whether they are *safe principles* upon which to act in the present advanced state of our knowledge of morbid mental phenomena, and in accordance with the existing enlightened state of the sciences of psychology and jurisprudence.

In considering the first legal test, viz. “*an absolute dispossession, by disease, of the free and natural agency of the mind*”—very little need be said. This condition of mental prostration—of intellectual obscurity—obviously can give rise to no doubt, legal difficulty, or disputation. All must acknowledge

evidence of derangement of mind. In the case of Greensmith, tried for murder on the Midland Circuit in 1837, Mr. Justice Parke observed, in his charge:—“Nothing could be more contrary to the law than to infer insanity from the very malignity and atrocity of the crime. It was true, that such crimes could never be committed by men who were in the possession and control of a right reason, and a proper mind; but it was his duty to inform the jury that the complete possession of reason was not essential to constitute the legal, any more than the moral responsibility of man, it being necessary that the party should have sufficient knowledge and reason to discriminate between right and wrong.” This may be sound *law*, but it is not sound *psychology*. In many cases the “atrocity and malignity of the crime” afford to the practical physician invaluable evidence of the existence of insanity, the derangement manifesting itself in the character of the *act itself*. I willingly admit that we should cautiously act upon such evidence; but should we not be culpable if we were to set it altogether aside?

the wisdom of exempting this class from responsibility and punishment. In regard to the second point—that of “partial insanity”—the law is thus expounded by the judges. In answer to the question, “If a person under an insane delusion as to existing facts commits an offence in consequence thereof, is he thereby excused?” the reply was as follows: “If the delusion were only *partial*, the party accused was *equally liable* with a person of sane mind. If the accused killed another in self-defence, he would be entitled to an acquittal; but if the crime was committed for any supposed injury, he would then be liable to the punishment awarded by the law to his crime.” It will thus be perceived that the law repudiates “partial insanity” as a plea in extenuation of crime, or as an exemption from punishment. In the strictly legal signification of the term, what is “partial insanity?” Lord Lyndhurst clearly defines the condition to be, “a mind in an unsound state—not unsound upon one point only, and sound in all other respects, but that this unsoundness manifests itself principally with reference to some particular object or person.” According to this definition, it is evident that “partial insanity” and “monomania” are not, as some have supposed, exactly equivalent terms: they have, however, been so considered by many medical and legal authorities. According to the 64th article of the French penal code, no person, whilst insane, is considered responsible for a criminal act, “Il n’y a ni crime ni délit lorsque le prévenu était en état de démence au temps de l’action.” In opposition, however, to this article, M. de Peyronnet, the Advocate-General of France, in the cases of Leger, Feldtmann, and other insane homicides, adopted the view of Lord Hale on this subject, as to the existence of a partial and a total insanity, laying down the principle, that the latter “can alone extricate the criminal from the penalties of the laws.” “The distinction between partial and total insanity,” he observes, “throws great light on the questions of insanity.” In confirmation of this view of the case, he referred at some length to the opinions of Lord Hale, and quoted a passage from his celebrated “Pleas of the Crown.” The line of argument, however, adopted by the Advocate-General on these occasions displeased highly the medical jurists of France. M. Georget, who has expressed his astonishment at the *dicta* of Lord Hale, says, “This writer (Lord Hale) appears professedly to consider pro-

perty of higher value than human life! There is, then, no excuse for the unfortunate lunatic, who, in a paroxysm commits a reprehensible action, even although it should appear to be the result of his particular illusion! and yet the civil acts of this same individual are to be annulled, although they have no relation to the insane impressions which might have influenced his conduct! And even M. de Peyronnet cited such maxims as these with approbation—at least we do not find that he has objected to any of them; all monomaniacs, according to their statements, are liable to become criminals, in spite of the 64th article of our penal code, and may undergo the penalties recorded for atrocious offences.”*

I will not, in this stage of the inquiry, consider whether, metaphysically examined, the admission of a “partial” as well as a “general” insanity does not vitiate the psychological theory of the *individuality of the mind*, or the *unity of the consciousness*; but viewing the phrase to import an unsoundness of mind manifesting itself in the form of “monomania,” or delusion upon *one prominent point*, the mind being *apparently sane and rational upon all others*, I would ask men of observation and experience, if, in such cases (the most pure and uncomplicated instances that the mind can conceive), the party so clearly and manifestly insane should be held responsible to the criminal law for his conduct, and be treated as if he were of perfectly rational and sane understanding?

Partial insanity no valid excuse—no extenuation for crime! Partial insanity no plea—no justification in criminal cases! How monstrously unphilosophical, how wildly fallacious, how opposed to positive facts, how absurdly illogical, how grossly unjust, how

* “A man may be deranged in his mind, his intellect may be insufficient for enabling him to conduct the common affairs of life, such as disposing of his property, or judging of the claims which his respective relations have upon him; and if he be so, the administration of the country will take his affairs into their management, and appoint to him trustees; but, at the same time, such a man is not discharged from his responsibility for criminal acts. I say this upon the authority of the first sages in this country, and upon the authority of the established law in all times, which law has never been questioned, that although a man be incapable of conducting his own affairs, he may still be answerable for his criminal acts, if he possess a mind capable of distinguishing right from wrong.”—*Speech of Attorney-General Sir Vicary Gibbs, on the Trial of Bellingham for the murder of the Right Hon. Spencer Perceval.*

repulsive, how abhorrent to every right-thinking, to every humane mind, and to every christian and philanthropic heart! Apply this judicial, antiquated, and absurd dogma to the great mass of miserable and irresponsible lunatics at this moment legally in confinement, and two-thirds of them would be immediately made amenable to the law for their conduct! If partial insanity can be clearly established, who would be bold enough to declare or define the precise limits of the disease, or to sketch the boundary-line separating a responsible from an irresponsible state of mind? "Where is," we might exclaim, in the language of a distinguished modern historian, when discussing the legality of the resistance made to the tyranny of James II., "where is the frontier where virtue and vice fade into each other? Who has ever been able to define the exact boundary between courage and rashness, between prudence and cowardice, between frugality and avarice, liberality and prodigality? A good action is not distinguished from a bad action by marks so plain as those which distinguish a hexagon from a square."* Who can safely draw the line of demarcation between night and morning, between light and darkness? or say at what precise moment health fades into disease? "Who can mark precisely the frontiers, the almost imperceptible limits, which separate insanity from sanity? Who can number the degrees by which reason declines and falls into annihilation? This would be to prescribe the limits to that which is illimitable, to give rules to folly, to be bewildered with order, to be lost with wisdom."†

The existence of *delusion* is the next judicial test and legal plea referred to. "The true criterion" (says Sir John Nicholl), "the true test of insanity, I take to be absence or presence of what, used in a certain sense, is comprehended in a single term—*viz.*, *delusion*. *In the absence of anything in the nature of delusion, the supposed lunatic is, in my judgment, not properly insane.*"‡ Lord Denman thus gives exposition to the law: "To say a man was irresponsible, *without positive proof of any act to show that he was labouring under some delusion, seemed to him to be a presumption of knowledge, which none but the*

* History of England, by the Right Hon. B. Macaulay, M.P., &c.

† M. d'Aguesseau, before the Parliament of Paris.

‡ Dew v. Clarke.

*great Creator could himself possess!"** Such being the law, what, I ask, is the legal definition of this valuable, this fixed, and infallible test? Lord Brougham defines a delusion to be, "*a belief of things as realities which exist only in the imagination of the patient.*" Sir John Nicholl says, "*A delusion is a belief of facts which no rational reason would have believed.*" When speaking of the latter definition, Lord Brougham observes that it is liable to one exception—viz., that it gives a consequence for a definition. His lordship then refers to his own definition, which he declares not to be open to the same objection.

Belief depends upon testimony; and the degree of credence attached to such testimony must necessarily be materially influenced by the nature of the evidence adduced, as well as by the character of the party giving it, and the knowledge, intelligence, and health of the mind, the recipient of it. May not a person believe in the existence of "something extravagant," which exists "only in his imagination," and yet be free from delusion, and of sound and rational mind? A distinguished philosophical writer says, "We obtain experience either by the evidence of our own senses, or by the testimony of others. The testimony of our senses, though generally considered as one of the highest degrees of evidence, is often fallacious and often deceptive. Although the impression is properly made on organs that are in their sound state, yet the ideas conveyed thence to the mind may be so varied and modified by the imagination as entirely to mislead the judgment. Thus every part of natural history, and medicine above all others, is crowded with facts, *attested by eye-witnesses of supposed veracity, which facts, notwithstanding, never had any existence but in their own imagination.*"† A person of sound mind may, upon false, shallow, and inconclusive evidence, believe in the wildest improbabilities, and firmly maintain their truth; nevertheless, who would have the boldness to affirm, that he was under a delusion?‡ Lord Brougham's definition appears to involve exclusively

* *Regina v. Smith.*

† *Campbell's Philosophy of Rhetoric.*

‡ "False and unfounded opinions have been entertained by entire communities without question, for ages. Not merely has this been the case with respect to false religions, and legendary accounts of early history, interwoven with the religious and patriotic feelings of the people, but even

the action of the *healthy* imagination. If I were bold enough to commit myself to a definition of the term delusion, I would venture, with submission, to give the following:—*A delusion is a belief in the existence of a something extravagant, which has, in reality, no existence except in the DISEASED imagination of the party, and the absurdity of which he cannot perceive, and out of which he cannot be reasoned.* In this definition I think a scientific distinction is drawn between the *eccentric* conceptions of a *healthy*, and the *morbid* creations of a *diseased* imagination and judgment; a principle which we should never lose sight of in our medico-judicial inquiries, definitions, and evidence. By legal authorities, delusion and insanity appear to have been viewed as convertible terms. Considering, however, *delusion* to be a test of insanity, have the judges uniformly regarded it as *the* standard of responsibility in criminal proceedings? In the case of Overston, Mr. Justice Maule altogether repudiated the test; and in the celebrated Bainbrigge case, Lord Campbell admitted, that “*mania may exist without delusion.*” Need I advance an argument in corroboration of Lord Campbell’s dictum, or in opposition to the dogmatic and bold assertion of Lord Denman? It is allowed as the result of the collective experience of those competent to give an opinion upon the matter—that positive, dangerous, and irresponsible insanity, is often seen unassociated with any *manifested* delusive impression, or *appreciable* hallucination.

The legal test that next presents itself for consideration is, the presence or absence of a *motive* for the commission of the crime.* Dr. Prichard observes, “The act of homicidal insanity is different in its nature and moral causes from that of murder. Men never commit crimes without some motive; the inducement which leads them to an atrocious act is of a kind which other men can appreciate and understand, though they do not sympathize with them.

with respect to facts in the natural sciences, which admitted of being verified by easy and simple observation and experiment.”—*G. C. Lewis’s Essay.*

* “It must for ever be remembered that with motives merely the legislator and the magistrate have nothing to do; and that actions and external facts, as the ends or objects of motives, are the only legitimately cognisable subjects of human tribunals. *Aetus non facit reum nisi mens sit rea,* is a rule of reason and justice not less than of positive law.”—*On the Principles of Circumstantial Evidence.* By William Wills. 1850.

Jealousy, hatred, revenge, excite some; others are moved by the desire of plunder—of getting possession of money or property. The act of a madman is for the most part without motive.” I have thus stated Dr. Prichard’s view rather in detail, because I shall feel it my duty to express an opinion adverse to that which this physician entertained. As a test of criminality, I consider the one just propounded not only as unsafe, but as unphilosophical. On the trial of Francis for shooting the Queen, this plea was urged in favour of the prisoner; but what did the then Solicitor-General urge respecting its inapplicability? “This doctrine about motive is of a most dangerous character, and must be very guardedly received. It is very difficult for you (the jury) very difficult for any well-regulated mind not accustomed to contemplate the workings of iniquity—to discover the motives for crime. What motive instigated the execrable assassin in Paris, who shot at his king, and deluged the streets with blood by means of his infernal machine? Did any one ever hear propounded, in a court of justice, a doctrine that would lead to so much dangerous consequences to society, as that you must ascertain the motive before you convict of the crime?” Is this a test, I ask, that can safely be relied upon in all cases of criminal insanity? Are not the insane often impelled to the commission of acts of violence and murder *by the same motives, feelings, and passions, that influence and regulate the conduct of sound, healthy, and rational minds?* There cannot be any difference of opinion upon this point among those practically acquainted with criminal lunatics, and with the characteristics of mental derangement. It would be monstrously cruel and unjust to apply such a test in criminal cases. Were such to be our standard of appeal, great crimes would escape unpunished, and persons indisputably insane and irresponsible would often (to our great reproach) suffer the extreme penalty of the law!

A patient who was confined in the Manchester Lunatic Asylum had been subjected to very cruel treatment by the person who had the care of him. He consequently attacked the attendant, and killed him. He related, with great calmness and self-possession, the particulars of the transaction to the physician of the asylum. He said, “The man whom I stabbed richly deserved it. He behaved to me with great violence and cruelty; he degraded

my nature as a human being ; he tied me down, handcuffed me, and confined my hands much higher than my head with a leathern thong ; he stretched me on the bed of torture ; after some days he released me. I gave him warning, for I told his wife I would have justice of him. On her communicating this to him, he came to me in a furious passion, threw me down, dragged me through the court-yard, thumped me on the breast, and confined me in a dark and damp cell. Not liking this situation, I was induced to play the hypocrite. I pretended extreme sorrow for having threatened him, and by an affectation of repentance, prevailed on him to release me. For several days I paid him great attention, and lent him every assistance. He seemed much pleased with the flattery, and became very friendly in his behaviour towards me. Going one day into the kitchen, where his wife was busied, I saw a knife ; this was too great a temptation to be resisted ; I concealed it about my person, and carried it with me. For some time afterwards the same friendly intercourse was maintained between us ; but as he was one day unlocking his garden-door, I seized the opportunity, and plunged the knife up to the hilt in his back.” He always mentioned this circumstance with peculiar triumph, and his countenance, a most cunning and malignant one, became highly animated at the conclusion of the story.*

The following case in point excited much interest some years back, in Philadelphia. Eighteen years previously to the commission of the crime, a confectioner of the name of Wood had come from England ; had carried on his trade first in New York, and then in Philadelphia ; had realized money, and acquired a respectable character. He had an only daughter, whom he was desirous of advancing into a higher station by marriage. But he himself was not in genteel society ; yet he restrained her from associating with persons of her own condition ; and she therefore had no freedom in any circle. She assisted him in keeping his shop, one of the first of its kind in Philadelphia. A young man of inferior habits and station made love to her, and persuaded her to leave her father’s roof and marry him. She was absent only one night, when she returned home, and confessed she was a married woman. Her father became violently and passionately

* Dr. Haslam.

excited ; he drank a large quantity of rum ; and, under the combined influence of disappointed ambition, rage, and intoxication, he shot his daughter with a pistol. He did not attempt to escape. When he became sober and free from excitement, he had no knowledge of his crime. He was tried for the murder. His counsel pleaded insanity, and proved previous mental aberration ; but, in his defence, he mainly relied on the shock given to his feelings by his daughter's conduct having produced a real insanity preceding the homicide. A verdict of lunacy was recorded. If this case had occurred in England, it is questionable whether he would have been acquitted.

It has been proposed, that the question of legal responsibility should be determined by the fact, whether the party, when he committed the offence, knew that he was acting in opposition to those generally-received and recognised moral obligations which are supposed to govern and influence sane, rational, and christian minds. The question which the jury has to consider, to use the language of one of the most distinguished and enlightened British judges that ever adorned the bench, is, " Was the prisoner conscious that he was committing a crime against the laws of God and nature ?"*

In considering the value of this test, we are bound to remember that there is a class, happily for themselves and for society insignificant in a numerical point of view, who repudiate the idea of a Divine law regulating their actions and as binding upon their consciences, and who deny the existence of a Supreme Being. I readily admit that in all important matters of legislation we are not justified in considering the anti-christian or heterodox opinions of small sections of the community. All our legislative enactments are rightly based upon the assumption that the great mass of mankind worship a Supreme Being, and implicitly recognise the doctrine of a Divine revelation ; nevertheless, if we have a legal test or standard to which we can refer, it should be *catholic* in its character, and be susceptible of universal application. Imagine a person arraigned for the commission of a capital crime. The plea of insanity is urged in his defence. In expounding the law, the judge informs the jury, that the question of responsibility in connexion with insanity rests upon the fact

* Lord Lyndhurst.

whether the prisoner had at the time a consciousness of his having deviated from the law of God. Was he sensible of this? If so, he is to be considered amenable to justice, and must expiate his crime upon the gallows. I can conceive, after such a legal exposition, the prisoner making a declaration of his being by virtue of his principles *placed beyond the jurisdiction of such a test*, and maintaining that he could not morally, legally, or logically be considered to be conscious of violating laws that in reality he never believed to exist. I will admit that this may be considered to be an extreme case. I merely cite it with the view of establishing my position, that there is no legal test yet propounded applicable, or which could be indiscriminately applied, to *all* criminal cases of insanity.

Among the other judicial standards or criteria of insanity, is that recommended by the late Lord Chief Justice Tindal. I refer to his suggestion to apply the test of the knowledge of "right and wrong" to every case of crime alleged to be associated with and the result of insanity, and upon its existence or non-existence to determine the presence of legal responsibility. Lord Chief Justice Mansfield says, in reference to this test,* "The law is extremely clear. If a man was deprived of all power of reasoning, so as not to be able to distinguish whether it was right or wrong to commit the most wicked or the most innocent transaction, he could not certainly commit an act against the law. Such a man, so destitute of all power of judgment, could have no intention at all. In order to support this defence, however, it ought to be proved by the most distinct and unquestionable evidence that the criminal was incapable of judging between right or wrong. It must in fact be proved, beyond all doubt, that at the time he committed the atrocious act with which he stood charged, he did not consider murder was a crime against the laws of God and nature. There was no other proof of insanity which could excuse murder or any other crime. There were various species of insanity. Some human creatures were void of all power of reasoning from their birth; such could not be guilty of any crime. There was another species of madness, in which persons were subject to temporary paroxysms, in which they were guilty of acts of extravagance; this was called lunacy.

* Trial of Bellingham.

If these persons committed a crime when they were not affected with the malady, they were, to all intents and purposes, amenable to justice. So long as they could distinguish good from evil, so long would they be answerable for their conduct. There was a third species of insanity, in which the patient fancied the existence of injury, and sought an opportunity of gratifying revenge by some hostile act. If such a person was capable, in other respects, of distinguishing right from wrong, there was no excuse for any act of atrocity which he might commit under this description of derangement. The witnesses who had been called to support this extraordinary defence had given a very singular account, in order to show that at the time of the commission of the crime the prisoner was insane. What might have been the state of his mind some time ago, was perfectly immaterial. The single question was, whether at the time this act was committed, he possessed a sufficient degree of understanding to distinguish good from evil, right from wrong, and whether murder was a crime not only against the laws of God, but the law of his country.”*

It has been a question with metaphysicians, whether, *abstractedly* considered, there are conditions or states to which the terms “right and wrong” can, with strict philosophical precision, be applied. Are not these general terms, it is urged, merely significant of the resemblance of various particular actions which agree in exciting in the mind certain feelings that are analogous? In different phraseology, are not the terms “right and wrong” general expressions indicative only of analogous relations which certain actions bear to certain emotions? Dr. Hutchinson (who has, perhaps, taken a more ultra view of this question than any other metaphysician) says, “There is no right or wrong, virtue or vice; but there are agents whose actions cannot be contemplated by us without an emotion of approbation or disapprobation; and all actions, that is to say, all *agents* that agree in exciting moral feelings, which are thus analogous, we class together as virtuous or vicious from this circumstance of felt agreement alone.

* “They could only know one kind of right and wrong; the right is, when you act according to law; and the wrong is, when you break it. Distinguishing right from wrong, meant a knowledge that the act the person was about to commit was punishable by the law.”—Lord Brougham: *Speech in the House of Lords*.

The similarity of the emotions which we feel in these particular cases, is thus all to which we owe the notions or ideas of right or wrong, virtue and vice." Dr. Brown, in commenting upon this passage, observes, "that right and wrong signify nothing in the objects themselves. They are words expressive only of relation, and relations are not existing parts of objects, or things to be added to objects, or taken from them. There is no right or wrong, merit or demerit, *existing independently of the agents who are virtuous or vicious.*"*

I allude to these generally received metaphysical *dicta*, not because I would be guilty of so gross an absurdity as to deny the existence of such principles of action, but because I infer from the particular and special reference made to this legal test, that it is supposed these conditions are easily appreciable and almost tangible states, to which in complex and obscure cases the jurist and psychologist might at once appeal for an immediate and certain solution of their difficulty.

Before this test can be admitted as a safe standard in questions of moral and legal responsibility, it will be necessary to establish an infallible rule, by which we may be able to trace accurately the distinction between right and wrong. Moral philosophers, men of science, theologians, political and social economists, philosophers and statesmen, are unfortunately very much at variance upon many apparently self-evident, and first principles, relating to their respective departments of inquiry. Need I refer to the great discrepancy of opinion existing among different religious denominations, each sect maintaining its own *dicta* to be "right," and the views of other sections of the religious world to be "wrong." The Roman Catholics consider themselves to be right, and the Protestants to be wrong, and *vice versâ*. A few of the Quakers, objecting upon principle to all war, on the ground of its not being sanctioned by scripture, and from a conviction of its being morally wrong, resolutely refuse to pay a war-tax. We differ from the Quaker, and entertain the opinion, that, under certain circumstances, war is right and justifiable. A large section of the religious community denounce infant baptism as "wrong;" a still more important body think it "right." There are many who repudiate the hierarchy and priesthood, from a conviction of their anti-scrip-

* On the Philosophy of the Human Mind. By Dr. T. Brown.

tural origin, character, and tendency. If we turn to the political and scientific world, we find large bodies of intelligent and reflecting men holding opinions diametrically at variance with each other, and advocating the most opposite and irreconcilable views of the same question, and contending most heroically for the truth of their own individual and sectional opinions, from a persuasion—an unalterable conviction—of their being “right,” and the sentiments of their adversaries, “wrong.” The *right* of *to-day*, in matters of theology, philosophy, and science, may be the *wrong* of *to-morrow*; and what is now “lawful,” may, in the course of a short parliamentary session, be made illegal by the introduction of new statutes! Analyzing this much-eulogized legal test as metaphysicians, as medical philosophers, and as men of the world, are we not compelled to pronounce it to be worthless, and practically inapplicable? Our views of “good and evil,” “right and wrong,” “lawful and unlawful,” must necessarily be dependent upon, and fluctuate in obedience to, temperament, caste, climate, progress of civilization, education, knowledge, early training, and example. If there be within us an innate principle termed “conscience,” acting *independently of the judgment*—and existing as a separate agent or faculty of the mind (which many metaphysicians and theologians deny), unerringly suggestive to us of a knowledge of “right and wrong,” is not this moral sense or instinct often destroyed by adventitious circumstances, its perceptions deadened, paralyzed, or perverted?

Considering this legal test of criminality apart altogether from the metaphysical objections to which it is amenable, I maintain, that it never can be safely depended upon, in all cases of insanity. It is a notorious fact—a matter of every-day occurrence, and in accordance with the experience of those conversant with the phenomena of lunacy,—that the insane—the positively and undeniably insane—like many rational persons, often

“Know the ‘RIGHT,’ and yet the ‘WRONG’ pursue,”

and frequently act in direct opposition to their own clear and unmistakable convictions of what is “right and wrong,” “good and evil,” “lawful and unlawful.” Many a maniac has committed a crime of great atrocity, with a full, unfettered, and unclouded consciousness and knowledge of its unlawfulness, its sinfulness, its criminality, and of the legal penalties to which he is,

by his actions, exposing himself. A lunatic has manifested an intense and morbid desire for death; not being suicidally disposed, he endeavours to effect his purpose by sacrificing the life of another: he designedly brings himself within the pale of the law, that he may compel others to do what he has not the courage of accomplishing himself. How absurd, cruel, and unjust it would be to apply the test of a knowledge of what is lawful or unlawful to such a case?

An intriguing, unruly, vicious lunatic was detected with a piece of iron which he had contrived to shape like a dagger, with a handle fixed firmly in it. Upon being interfered with, he became excited, abusive, and violent. He was placed under restraint; after uttering the most awful imprecations, he exclaimed to his attendant, "I'll murder you yet; *I am a mad-man, and they cannot hang me for it!*"

When Martin set York Minster on fire, a conversation took place among the inmates of a neighbouring lunatic asylum, having reference to this general topic of remark and discussion. The question argued was whether Martin would suffer the extreme penalty of the law for his crime. Various were the opinions expressed. In the midst of the conversation, one patient, apparently as mad as the rest, exclaimed, "He (Martin) will not be hanged." "For what reason?" interrupted several voices. "They cannot hang him," replied the lunatic, "*he is one of ourselves.*" Of what value is this legal test, if applied to such cases? Before this can be recognised as a safe standard, it will be necessary for British jurists to lay down for their *own* guidance certain fixed and unalterable principles of jurisprudence. Is it not a notorious fact, that on apparently clear and well recognised points, lawyers of eminence have arrived at the most opposite conclusions? One court reverses the judgment of an inferior tribunal, and one distinguished jurist overrules the decision of his predecessor. As long as able judges differ among themselves upon what may be termed *first principles of law*, it will be unreasonable to expect that *we* should prostrate ourselves before the legal test which I have been analyzing.

Dr. Mittermaier, a German jurist, maintains that two conditions are required to constitute that freedom of will which is essential to responsibility—viz., a knowledge of good and evil, and the facility of choosing between them. The knowledge of

good and evil will require, first, that knowledge of one's self by which we recognise our personal identity, and refer our acts to ourselves ; secondly, acknowledgment of the act itself—*i. e.*, of its nature and consequences ; thirdly, a knowledge of the relations of the act both in regard to men and measures ; fourthly, a knowledge that the act in question is prohibited either by the moral or the statute law. He rebukes the English jurists for their rigid adherence to the antiquated doctrine, that whoever can distinguish good from evil, enjoys freedom of will, and retains the faculty, if he chooses to use it, of framing his actions to the requirements of the law. The true principle, according to this authority, is to look at the personal character of the individual whose responsibility is in question ; to his grade of mental powers ; to the notions by which he is governed ; to his views of things ; and finally to the whole course of his life, and the nature of the act with which he is charged. A person who commits a criminal act, being fully cognisant of the nature of the laws, and of the punishment to which he is exposing himself, may yet be of insane mind. The true test of irresponsibility should be not whether the party accused was aware of the criminality of his actions, but whether *he has lost all power of control over his actions.*

As the plea of insanity is one of the most important that can be urged in a court of justice in extenuation of crime, it should never be had recourse to except in clear and obvious cases, in which little or no doubt can be entertained, not only of the existence of mental derangement, but of derangement of such a *kind*, and to such a *degree*, as to justify the immediate admission of the fact, and the necessary and consequent acquittal of the prisoner. The utmost vigilance and jealous caution should be exercised in all inquiries of this nature ; and medical men, considered specially competent to the elucidation of such intricate psychological phenomena, should be particularly guarded in sanctioning, by their authority, the plea of insanity, exhibiting, upon all occasions, a fear lest their opinions should be made available for the purposes of shielding great criminals from the just and legal penalties awarded for the commission of crime.

The reflecting portion of the public and profession naturally place a high value upon the experience, testimony, and judgment of men whose peculiar studies and opportunities enable

them to obtain a practical insight into morbid aberrations of mind. If it be found that men of position and ability are disposed to be lax in the use of this important plea, a reaction will inevitably ensue, and cases of this character will be left exclusively to the adjudication of the judicial tribunals, medical evidence being entirely ignored in our courts of law.

In forming an opinion of the criminal as well as the civil responsibility of any case of alleged insanity, it is very essential, with the view of our arriving at right results, that we should make a just and scientific distinction between the actions of a *naturally* eccentric, ill-regulated, perverse, and wicked mind, and the mental disturbance, perverseness, caprice, vice, extravagance of conduct, ungovernable passion, sullenness of disposition, and melancholia, consequent upon physical disease of the *sensorium*, or organs in close pathological relationship with it, implicating the healthy action of thought. There is a *normal* and *natural* eccentricity, a *healthy* mental idiosyncrasy, caprice, and feeling, distorted and perverted affection, disposition to acts of cruelty, vice, brutality, *existing independently of that irregularity and disturbance in the operations of the intellect—those perversions of the affections and madness of conduct, the clear, unmistakable, and undoubted consequence of a DISEASED MIND.* As a man may have *natural physical*, so may he exhibit a *concomitant* mental defect, apart altogether from actual cerebral, and consequent mental disease. It should never be forgotten that there is always floating upon the surface of society a large body of strange, wayward, intemperate, eccentric persons, criminally and viciously disposed, subject to every bad passion, impulsive in all their movements, addicted to habits of debauchery, who lead a kind of animal life; whose mode of existence appears fully to realize Lady Morgan's somewhat illiberal conception of the character of the modern Italians—

“ Who eat, drink, and sleep. What then?
Who sleep, drink, and eat again.”

There is a healthy and *natural* melancholy, and a *diseased* depression of spirits. There is a species of drunkenness which is *not* insanity, and there is a form of mental derangement solely indicated by inveterate and uncontrollable habits of intemperance.

There is a brutality existing irrespectively of lunacy, and

violence of conduct, and cruelty of disposition, clearly the effects of a morbid mental condition. There is a natural, and, speaking medico-psychologically, a healthy improvidence, impetuosity of temper, and vice, which should not be confounded with *abnormal* and diseased states of the affections, passions, appetites, and propensities. The melancholia—the sullen gloom—the moroseness of real life (which is *not* “alienation of mind”), is well described by an able metaphysician:—“It disposes the person to acts of unkindness, and makes him the slave of every bad passion; it produces a fretfulness in all the daily and hourly intercourse of life; it produces a domestic tyranny which brings, alas! with it a train of heartburnings and bitterness. This melancholy temper is poisonous to the happiness, not only of the individual, but of all that are brought within the circle of its baneful influence.”

Beattie’s “Minstrel” is described as one of those half-cracked, half-witted, sombre, clever, sullen, eccentric, melancholy youths; the *type* of thousands who are daily mixing in society, and whose condition might easily, upon a superficial examination, be confounded with insanity, and whose state of mind would certainly, by some, be considered “unsound,” were they guilty of any *overt* act of sufficient importance to call public and professional attention to their moral and legal responsibility.

“Silent when glad; affectionate, though shy;
And now his look was most demurely sad,
And now he laughed aloud, yet none knew why,
The neighbours stared and sighed, yet bless’d the lad;
Some deemed him wondrous wise, and some believed him mad.”

I cannot conceive a position of graver responsibility than that assumed by the medical witness when called upon in a court of justice to give evidence in criminal cases. Let me earnestly entreat him, before discharging these solemn duties, to make himself master of all the facts of the case. He should not assume for granted the representations of those anxious to establish the insanity of the criminal; were he to do so, he would occasionally be sadly deceived. He should never forget that he has a *public* as well as a *professional* duty to discharge; and he is bound, as a citizen of the state, as well as a member of an important and

* *Philosophy of the Human Mind*, chap. on “Immediate Emotions.” Dr. T. Browne.

learned section of society, to protect himself from the possibility of being deceived as to the facts of any given case presented to him for his opinion. He must not permit his feelings to overpower and interfere with the free and unclouded operations of his judgment.

Under these circumstances, every possible influence will occasionally be exercised to induce the witness to adopt an opinion favourable to the prisoner. He will perceive the necessity of patiently investigating the case itself, and will not be satisfied with one or two interviews with the alleged lunatic. He must obtain from the criminal an account of the act with which he may be charged, and his reasons for committing it; he will also acquire from his relatives, friends, and companions, an insight into his former mode of life—his habits of thought—his prior state—the peculiarities of his disposition—whether there exists in the case an hereditary predisposition to insanity; and other circumstances likely to elucidate the actual state of the mind at the time when the alleged offence was perpetrated. Great perseverance and ingenuity are often required before the truth can be elicited. In these cases, the crime is occasionally committed during a paroxysm of transient insanity; the mind manifesting no symptom of derangement after the perpetration of the offence. Again, a lunatic has been known to commit murder in a fit of frenzy, his sudden arrest and committal to prison temporarily restoring the mind to its healthy balance. A man has been guilty of a capital crime; has been seized and sent to prison, and has, from remorse, or a sense of horror at his position, suddenly become insane; his derangement only exhibiting itself after his arrest. Persons have been known to commit the crime of murder whilst in a state of somnambulism, and also during that half-unconscious condition between sleeping and waking. Cases of this description are extremely perplexing to medical jurists. If it can be satisfactorily proved that the person perpetrated the murder whilst in this state—if the fact be unequivocally established—then, I conceive, it ought to be considered as a good exculpating plea. It should never, however, be forgotten, that these cases are easily simulated. Examples of this character are recorded by medical writers. A person has been suddenly roused by a frightful dream, and, whilst under its influence, has been known to take away human life. Suicide has been committed

under analogous circumstances. A person, apparently well, has gone to bed without manifesting the slightest tendency to self-destruction ; he has awoke suddenly and destroyed himself. A case, illustrative of this fact, is on record. It is as follows : " An old lady residing in London awoke in the middle of the night, went down stairs, and threw herself into a cistern of water, where she was found drowned." It was maintained that the suicide was the result of certain mental impressions conjured up in the mind during a dream. Dr. Pagan refers to the following interesting case, to prove that murder may be committed by a person when under the effects of a frightful vision.

Bernard Schedmaizig suddenly woke at midnight ; at the moment he saw a frightful phantom, or what his imagination represented as such—a fearful spectre ! He twice called out, " Who is that ?" He received no answer. Imagining that the phantom was advancing upon him, and having altogether lost his self-possession, he raised a hatchet which was beside him, and attacked the spectre : it was found that he had murdered his wife !

A pedlar, who was in the habit of walking about the country armed with a sword-stick was awakened one evening, while lying asleep on the high road, by a man suddenly seizing him, and shaking him by the shoulders. The man, who was walking by with some companions, had done this out of a joke. The pedlar suddenly woke, drew his sword, and stabbed the man, who soon afterwards died. He was tried for manslaughter. His irresponsibility was strongly urged by his counsel, on the ground that he could not have been conscious of his act in the half-waking state. This was strengthened by the opinions of medical witnesses. He was, however, found guilty.* The murder, in this instance, may have been the result of passion. We have no evidence to the contrary.

In criminal cases, should the witness be interrogated as to the alleged lunatic's consciousness of right and wrong, or as to his knowledge that he was violating the law of God and man at the moment when the crime was committed, I would strongly suggest that he should, unless the case be one of obvious lunacy,

* British and Foreign Medical Review.

decline answering the question. The witness may have a clear and positive opinion as to the existence of insanity; but how can he, in every case, solve the question as to the lunatic's ability to distinguish accurately between good and evil, right and wrong, lawful and unlawful? Dr. Haslam says, when alluding to this point, that "It is not the province of the medical witness to pronounce an opinion as to the prisoner's capability of distinguishing right from wrong. It is the duty of the medical man, when called upon to give evidence in a court of law, to state whether he considers insanity to be present in any given case, not to ascertain the quantity of reason which the person imputed to be insane, may or may not possess. If it should be presumed that any medical practitioner is able to penetrate into the recesses of a lunatic's mind at the moment he committed the outrage; to view the internal play of obtruding thoughts and contending motives; and to depose that he knew the good and evil, right and wrong, he was about to commit,—it must be confessed, that such knowledge is beyond the circuit of our attainment. It is sufficient for the medical practitioner to know that the person's mind is deranged, and that such a state of insanity will be sufficient to account for the irregularity of his actions; and that in a sound mind the same conduct would be deemed criminal. If violence be inflicted by such a person during a paroxysm of rage, there is no acuteness of metaphysical investigation which can trace the succession of thoughts, and the impulses by which he is goaded for the accomplishment of his purpose."

In many cases the plea of insanity is entirely based upon the assumption that the prisoner is "*morally insane*." It is much to be lamented that the term "moral insanity" was ever introduced by Dr. Prichard into our psychological nomenclature. The phrase is generally repudiated in our courts of law; it has given rise to much cavilling and disputation, and its adoption has unfortunately exposed the profession to great odium and obloquy; and has, I think, very materially damaged the moral weight of medico-legal testimony. It has been asserted, that the term is used with the view of protecting the criminal from just punishment, and of shielding vice, extravagance, malignity, debauchery, cruelty, crime, and brutality, from the natural emotions of horror and disgust with which such actions should be contemplated

by every right-thinking and well-constituted mind. "Moral insanity!" I might conceive the judge to exclaim; "I will not listen to such an excuse—to such a plea—to such evidence! I will not sit here, and, whilst administering justice, permit the great truths of science to be thus perverted and abused, with the view of destroying the practical application, and beneficial and conservative operation, of the criminal law of the land!"

Let us consider the subject of "moral insanity," or, as Pinel terms it, "*emportement maniaque sans délire*," not only *pathologically*, but *metaphysically*. All authorities agree in opinion, that the specific characteristics of this form of derangement are dependent upon a lesion of the affective or motive powers of the mind, apart altogether from disorder of the *intellectual* faculties, or powers of ratiocination. In the first place, I would ask, whether the disease so designated is *purely an affection of the moral faculties*; and whether, as metaphysicians, we are justified in drawing so palpable a line of demarcation between those faculties of the understanding that reason, judge, compare, reflect, and those that supply motives to the reason, and are termed, by metaphysicians, the *active* principles of the mind?

Viewing the question under review *pathologically*, I ask whether, in cases of insanity which are represented to consist in lesions of the will—in ungovernable impetuosity of temper—loss of self-control—perversion of the affections and propensities—cases in which the mental alienation is manifested more in *conduct* than in *ideas*—where the delirium is apparently confined to the *actions* and *moral sentiments*;—whether in this form of mental derangement, the intellectual, the reasoning, and reflective powers are not more generally disordered than we have hitherto admitted? In many instances of mental disease, considered as uncomplicated illustrations of moral insanity, the malady *is not confined to the affective or motive faculties*. I ment of the moral sense or motive power; but I have detected do not maintain that such is *apparent* in every case of impair—the intellectual aberration in many cases brought under my observation as instances of pure derangement of the conduct, propensities, passions, appetites, and moral affections. In nearly all of them we may, upon a close logical analysis, perceive

co-existing with the moral disorder, a derangement of those powers of the mind by which we compare facts with each other, and mental impressions with external things; to speak with metaphysical exactness, and philosophical as well as philological precision—by which we *appreciate the perception of relation*. If we carefully investigate the cases quoted by Pinel, Esquirol, and Prichard, and referred to as *types* of moral insanity, we are irresistibly led to the conclusion, that the malady, as described by these authorities, was not in *any one case restricted to the affective or motive powers of the understanding*. The faculties of judgment, reason, and comparison, are represented in this form of insanity to be healthy and *intact*. Apparently, upon a superficial examination, they may be so; but do not the “tyrant passion”—predominant vice—overpowering emotion—loss of self-respect—brutality of conduct—prostration of all the more refined sensibilities of the mind—uncontrollable impulse—impetuous will—and the suicidal or homicidal idea, during the crisis of the paroxysm, *and contemporaneously with the commission of the act*, dethrone reason, and paralyze the operations of the judgment? Do not violent and ungovernable temper, impulsive emotion, and unreasonable conduct, leading to overt acts of what are termed moral insanity, suspend the exercise of the will, and interfere with the healthy balance or equilibrium of the *intellectual* faculties? In cases where the faculty of volition appears to be suspended, and the patient is unhappily the willing and facile slave of every wicked, sensual appetite and vicious propensity, and is guilty of most extravagant conduct—are, I repeat, the powers of *judgment, reason, and comparison*, the more exalted and intellectual functions of the mind, entirely free, unclouded, unfettered, and in a healthy state of activity? Is the “moral maniac” capable of pursuing an ordinary and healthy process of induction, and competent to exercise the powers of reason, comparison, and reflection, *quoad* the specific features of his so-termed “moral” disease? He may be apparently of sound understanding, able to solve with great rapidity a difficult mathematical problem; have great capacity for the ordinary business of life; may converse with ease upon points of science, art, and philosophy; and astonish the world by the tenacity of his

memory, the vividness of his fancy, the playfulness of his satire, the brilliancy of his wit, and the majesty and sublimity of his eloquence—all these elevated states of mind are compatible with *latent delusive ideas and intellectual disorder*.* Lord Brougham makes some pertinent remarks on this subject. When applying his able powers of philosophical analysis to this question, his lordship observes: “We cannot with any correctness of language speak of general or ‘partial’ insanity; but we may most accurately speak of the mind exerting itself in consciousness without cloud or imperfection, but being morbid when it fancies; and so its owner may have a diseased imagination, or the imagination may be diseased, and yet the memory may be impaired, and the owner be said to have lost his memory. In these cases we do not mean that the mind has one faculty, as consciousness, sound, whilst another, as memory or imagination, is diseased; but that the mind is sound when reflecting upon its own operations, and diseased when exercising the combination termed imagination, or casting the retrospect called reflection.” Then again, as to what is termed impulsive insanity, a form of disease generally considered to be unassociated with derangement of the ideas, I would ask, is it a fact that these cases are invariably unaccompanied by delusive impressions, or by a disturbance of the reasoning faculties? Admitting the existence of a morbid impulsive propensity, does it become absolutely irresistible and uncontrollable except during a crisis of delirium? It has been maintained, that at the moment of the impulsion an intellectual perturbation and positive derangement of ideas occurs. “We believe,” says a French writer, “that the doctrine of a temporary insanity, of a sudden eclipse of the reason at the time of the act, is a safer and more philosophical doctrine than the hypothesis of modern medical jurists, who assert that no monomania, whether homicidal, suicidal, or incendiary, can compel to the consummation of the act, without insanity in the ordinary acceptance of

* In many cases, designated as illustrations of moral insanity, I feel assured that undetected and unrecognised delusions often actually exist, influencing the conduct of the patient. I could narrate several instances of the kind. M. Mare mentions the case of a man, who for many years had been in the habit of licking the walls of the apartment with his tongue, until he had actually worn away the plaster. No one could imagine what was the cause of this perseverance in so painful and disgusting a habit, until one day in the author’s presence he confessed that he tasted and smelt the most delicious fruit on the walls.—(p. 119.)

the term, or intellectual disturbance. We repeat that we cannot admit this theory or principle of monomania with irresistible desire, and without delirium during the act, because it appears to us to be dangerous, inasmuch as it suspends the course of free-will, is destructive of the morality of human actions, and tends to favour impunity for crimes. For if the impulse be irresistible, and is unaccompanied by delirium during the act, what becomes then of free-will? In our minds, the disturbance of the reason will always be more comprehensible and conformable to the common-sense of mankind than a perversion of the will without delirium."

Having considered this subject pathologically, I would briefly analyze it *metaphysically*. In using the words "mind," "intellect," "understanding," we employ abstract terms to denote an aggregate condition of all the phenomena of intelligence, to describe the manifestations of *one and an indivisible essence*. In classifying, for the convenience of philosophical investigation, the mind into separate and distinct powers or faculties, emotions or passions, are we not oblivious of the fact, that this arrangement, classification, order, division, and subdivision, are essentially arbitrary, and that the principle, essence, and substratum of mind, is in itself a unit, and incapable of being subjected to such divisions and classifications? Many of the so-called faculties of the mind, the emotions and passions, which are spoken of as independent and distinct powers, are obviously only modifications of, or different modes of being or manifestations of, *ONE particular mental condition or state of intellectual relation*. "We cannot map out the mind as we can a country or a county, assigning to each town, province, or state, its separate controlling and free sovereignty. We are not justified in converting each faculty into a little 'independent mind,' as if the original mind were like that of the polypus, which, according to naturalists, may be cut into an almost infinite number of parts, each of which becomes a polypus, as perfect as that from which it was separated."* "I suspect," says Locke, "that this way of speaking of the faculties has misled many into a confused notion of so many distinct agents in us, which had their several provinces, and did command, obey, and perform several actions as so many

* Browne.

distinct beings; which has been no small occasion of wrangling, obscurity, and uncertainty, in questions relating to them." "The mind," says another eminent authority, "is formed susceptible of certain affections; these states or affections we may generalize more or less, and, according to our generalization, may give them more or fewer names." "But," he continues, "whatever may be the extent of our vocabulary, the mind itself is as independent of these transient designations as *He* who fixed its constitution—still continues to exhibit the same unaltered susceptibilities which it originally received; as the flowers which the same Divine Author formed, spring up in the same manner, observing the same seasons, and spreading to the sun the same foliage and blossoms, whatever be the systems and the corresponding nomenclature, according to which the botanists may have agreed to record and name their tribes. The great Preserver of Nature has not trusted us with the dangerous power of altering a single physical law which *He* has established, though he has given us unlimited power over the *language* which is of our own creation." May we not apply the same argument to the phenomena of life? We observe the principle of vitality manifested through different physical *media*; but whatever may be the character of the material tissue, or the special function of the organic structure through which life reflects its powers, we, as spiritual physiologists, maintain that these manifestations are only different *modes* or *states* of development of *one and the same principle*; that the life that manifests itself through the brain, lungs, stomach, and the heart, is identical and homogeneous in its nature and essence; the peculiarity of the physical organization affecting, as it undoubtedly does, its mode of being or action. Applying this metaphysical doctrine to the subject now under consideration, it must be evident, that in all the varied phenomena of insanity the same identical essence or principle is affected; that, without any exceptions, THE MIND—using this term in its liberal and philosophical acceptance—is in a state of disorder. I would, however, protect myself from the imputation of repudiating the great discovery of Gall, or of holding, with the spiritualists, that the principle of thought is susceptible of actual disease, apart from any abnormal state of the cerebral tissue. In all cases of mental derangement, the *manifestations* of the mind, and not the mind *itself*, are implicated; or, to speak

with a strict regard to the principles of cerebral pathology, the *physical media*, or different portions of nervous matter through which the intellect is developed, are diseased, and, as a necessary consequence, the principle of thought is disordered or deranged in its operations. As there appears a determination to discountenance the use of the term "moral insanity," I would advise the witness to avoid, upon all occasions, an ostentatious and unnecessary application of the phrase. If called upon to give evidence in cases of insanity, involving apparently the healthy action of the motive and *affective* powers, I would recommend the witness, when asked to state his opinion of the condition of the mind and the degree of responsibility in cases of this nature, to speak of the disorder as one implicating the normal state of the *mental principle*. In reply to the interrogatory—"Do you consider the prisoner at the bar of sound mind, and a responsible agent?"—I would suggest to the witness the safety of answering, to the best of his judgment, either affirmatively or negatively; bearing always in recollection, that in all phases and degrees of insanity, whatever form it may assume, *one* and the *same essence* is involved in the disturbance—that all are, strictly speaking, AFFECTIONS OF THE MIND.

I purposely decline entering at any length into the consideration of the law of lunacy relating to dispositions of property, and the performance of the marriage contract. In the former case the proof of insanity invalidates all testamentary documents; but the courts are extremely jealous in interfering with the apparent wishes of the testator, unless clear and positive lunacy be established. The character of the testamentary document itself is generally viewed as the most important evidence of the capacity of the attesting party. Persons actually in confinement, and so violent as occasionally to require the application of mechanical restraint, have executed wills, and such wills have been declared valid and operative in the prerogative court; the principle of law being, that the *testament itself* exhibited, *primâ facie*, no evidence of mental derangement. If the will should be such a will that a sane and rational man would make—the property descending in the right and legitimate channel—the court will not easily be induced to set it aside, even if a considerable amount of eccentricity, oddity, and even insanity, have existed. The proof of eccentricity to an extreme degree, even if accom-

panied by a testamentary disposition contrary to the usual order of succession, is not sufficient to induce the Ecclesiastical Court to pronounce a will invalid. The following remarkable case of *Morgan v. Boys* is one in point:—

The testator in this instance died, leaving by his will a large fortune to his housekeeper. The will was disputed by his relatives on the ground that it bore intrinsic evidence of his not having been in a sane state of mind. After having bequeathed his property, the deceased directed that his executors should cause some part of his bowels to be converted into fiddle-strings, that others should be sublimed into smelling salts, and that the remainder of his body should be vitrified into lenses for optical purposes! He further added in a letter, “the world may think this done in a spirit of singularity or a whim;” but he expressed himself as having a moral aversion to funeral pomp, and he wished his body to be converted to purposes useful to mankind. Sir Herbert Jenner Fust, in giving judgment, held that insanity was not proved; the fact merely amounted to eccentricity, and on this ground he pronounced in favour of the will. It was proved that the testator had conducted his affairs with great shrewdness and ability; that he not only did not labour under imbecility of mind, but that he was treated as a person of indisputable capacity by those with whom he had to deal.

The medical man has occasionally to give evidence as to the existence of what, in legal phraseology, is termed a “*lucid interval*.” Without entering into a psychological or pathological consideration of this *vexata quæstio*, I will only observe, that all who have had opportunities of studying insanity, must readily admit, that during attacks of mental derangement, the mind does occasionally become exempt from the influence of diseased impressions—at least, from all obvious and appreciable delusions, and is quite competent at these periods of intermission, to the exercise of a right judgment in relation to the disposal of property.

With regard to the legal bearing of this subject upon the question of marriage, it must be obvious that insanity must invalidate the most important contract of life, the very essence of which is consent. The spiritual court has the sole and exclusive cognizance of questioning and deciding directly the legality of marriage, and of enforcing specifically the right and obligations respecting persons depending upon it. But the temporal courts

have the sole cognizance of examining and deciding upon all temporal rights of property; and so far as such rights are concerned, they have the inherent privilege of determining incidentally either upon the fact or legality of marriage.*

In cases of disputed wills, on the ground of mental incompetency, the evidence of the medical witness is generally recorded (privately) before a proctor or his representative. The witness has to reply to a series of written interrogatories relating to the testator's state of mind, and his replies are written at length by a person specially deputed to examine him, and take his evidence. The cross-examination is also conducted upon the same principle, and the evidence thus recorded, after being attested upon oath, is adduced in court during the trial. In attempts to invalidate the marriage contract upon the ground of insanity, the inquiry is in some cases of the nature of an ordinary commission of lunacy. Should the insanity be thus established, the subsequent question of divorce must of necessity come before the Ecclesiastical Court. It is not, however, indispensable that in these cases a writ *De Lunatico Inquirendo* should issue.

I now proceed to consider another division of the subject,—viz., that relating to the question of capacity to manage both the person and property, and to submit to you an outline of the character of the evidence adduced during the prosecution of a writ *De Lunatico Inquirendo*. It is at these important inquiries that the legal and medical signification of the terms “soundness” and “unsoundness” of mind come legitimately under consideration. Let me briefly refer to the legal import of these obscure, and much-vexed phrases, as defined in one of the recognised text-books upon the “Law Lunacy.”

“A sound mind,” says Shelford, “is one wholly free from delusion, all the intellectual faculties existing in a certain degree of vigour and harmony, the propensities, affections, and passions being under the subordination of the judgment and the will, the former being the controlling power, with a just perception of the natural connexion or repugnancy of ideas. Weak minds, again, differ from strong in the extent and power of their faculties; but unless they betray symptoms of a total loss of understanding, and of idiocy, or of delusions, they cannot be considered unsound.

* Starkie on Ev.

“An unsound mind, on the contrary, *is marked by delusions*, mingles ideas of imagination with those of reality, those of reflection with those of sensation, and mistakes the one for the other; and such delusion is often accompanied with an apparent insensibility to, or perversion of, those feelings which are peculiarly characteristic of our nature. Some lunatics, for instance, are callous to a just sense of affection, decency, or honour; they hate those without cause who were formerly most dear to them; others take delight in cruelty; many are more or less affected at not receiving that attention to which their delusions persuade them they are entitled. Retention of memory, display of talents, enjoyment in amusing games, and an appearance of rationality on various subjects, are not inconsistent with unsoundness of mind; hence sometimes arises the difficulty of distinguishing between sanity and insanity. The man of insane mind from disease, having been once *Compos Mentis*, pertinaciously adheres to some *delusive idea*, in opposition to the plainest evidence of its falsity, and endeavours by the most ingenious arguments, however fallacious they may be, to support his opinions.”*

Previously to the time of Lord Eldon, the term unsoundness of mind, and its equivalent, “unsound memory,” were used indiscriminately in several of the old statutes, not only synonymously with the word lunatic, which in its strict legal signification means a disease of the mind with lucid intervals, but with the phrase idiocy, or permanent insanity. It was reserved for Lord Eldon to give importance and significance to this phrase. Lord Chancellor Hardwicke maintained, that the term implied, not mere weakness of understanding, but a total deprivation of sense. Lord Eldon says: “Of late, the question has not been, whether the party be insane, but the court has thought itself authorized to issue a commission *De Lunatico Inquirendo*, provided it is made out, that the party is unable to act with any proper and provident management—liable to be robbed by any one—under imbecility of mind not strictly insanity, but, as to the mischief, calling for as much protection as actual insanity.” Again, his lordship observes, “that unsoundness in some such state of mind undistinguished from idiocy and from lunacy, and yet such as makes him a proper subject for a commission.” The legal

* Law of Lunacy, by Leonard Shelford, Esq. 1847.

acceptation of the term unsoundness is, as Mr. Amos observes, "not very easy to define, for it is neither lunacy, idiocy, imbecility, or incompetency to manage a person's own affairs; and yet, we have seen, an inquisition finding a person unfit to manage his own affairs, and therefore not of sound mind, has been found bad." Mr. Amos concludes his remarks by stating that "unsoundness of mind is a legal term, the definition of which has varied, and cannot, even in the present day, be stated with anything like scientific precision." Mr. Shelford regrets that Lord Eldon should have departed from the original signification of the term unsoundness of mind, and that so much uncertainty and latitude should have been given to the phrase. In a subsequent case, Lord Eldon appears to have laid down a clearer view of his meaning in relation to this important matter. He says: "Whatever may be the degree of weakness or imbecility of the party to manage his affairs, if the finding of the jury is only that he was of an extreme imbecility of mind, that he has an imbecility to manage his own affairs, if they will not proceed to infer from *that*, in thus finding upon oath, that he is of unsound mind, they have not established, by the result of their inquiry, a case in which the chancellor can make a grant, constituting a committee, either of the person or estate. All the cases decide that mere imbecility will not do, unless that imbecility, and that incapacity to manage his affairs, amount to evidence that he is of unsound mind, and he must be found to be so." The *dicta* of Lord Chancellor Eldon have, however, been often disregarded by his eminent judicial successors; and in a statute of William IV., relative to trustees and mortgages, a power is given to the Lord Chancellor to issue a commission "*De Lunatico Inquirendo*" in all cases in which *an inability to manage affairs can be established, apart altogether from the existence of idiocy, lunacy, or insanity*. So much for the glorious uncertainty of the law, and the civil security of the subject!* It would appear that the

* Dr. Ray, when referring to the facility with which commissions of lunacy are granted in this country, remarks: "One finds it difficult to believe on what slight grounds interdiction is there (in Great Britain) every day procured—a measure that, with the ostensible purpose of protecting the interests of the insane party, is too often, in reality, designed to promote the selfish views of relatives and friends. A kind and degree of mental impairment that has never obscured the patient's knowledge of his relative situation, never altered his disposition to be kind and useful to

term "unsoundness of mind," although a recognised and adopted phrase, is to be considered as a legal phantom—an *ignis fatuus*—a condition of mind amenable to no philosophical or judicial analysis, incapable of being submitted to any psychological test—like a Will-o'-the-wisp, for ever eluding our grasp, and placing at defiance every standard of comparison—a phase of diseased understanding—a form of lunacy suspended upon, or hovering between, the confines of positive mental alienation and complete idiocy—an intermediate state of existence—a kind of *tertium quid*, to which modern jurists appear incapable of attaching any precise, definite, or philosophical meaning. Nevertheless, in our courts of law it is *no* fiction—it assumes a palpable form—it is an accepted term—an admitted phrase; and, as medical witnesses, we must be prepared to be asked the question, whether we are of opinion that the case in reference to which we are examined is one of unsoundness of mind, and whether that unsoundness of mind is or is not associated with an incapacity to manage the person and property? It is our duty, however, to recognise no form of mental unsoundness which is not *positively the product of disease*. The judges of the land may affix their own interpretation to the phrase, "unsoundness of mind;" but, as medical psychologists, we must never forget what is due to our position as witnesses, as well as what we owe to the profession, and to the cause of *truth*, and resolutely repudiate any other definition of the term than that justified by a strict psychological analysis.

Unsoundness of mind is either a "diseased" or "healthy" condition of the intellect. If the term implies only *natural mental decay* (unassociated with any well-marked symptoms of disease of the brain, the excitement of insanity, or delusive impressions), a condition of mind occasionally exhibited by persons of healthy intellect, the mental infirmity often contemporaneous with old age; if it refers to an incapacity and inaptitude for the performance of the ordinary business affairs of life, and which may exist apart altogether from connate idiocy or acquired

those around him, never weakened his enjoyment of social pleasures, and never affected his capacity to manage his concerns with his usual prudence, has been repeatedly deemed a sufficient reason for depriving him of the use and enjoyment of his own property, and subjecting him to all the disabilities which the law can impose."

imbecility, insanity, or lunacy; then WE have no authority to take cognizance of the condition—it does not legitimately come within *our medical* jurisdiction. If we accept the phrase “unsoundness of mind,” we can attach, *medically*, no other signification to it than that of a *mind in an unhealthy condition*. Admitting this to be a rational view of the matter, it will be our duty to consider the term as synonymous with insanity, aberration of mind, or lunacy. We cannot admit the existence of a *legal*, apart from a *psychological*, unsoundness.

In making this distinction, I do not wish to prejudge the important question, as to whether there are not states of the intellect clearly accompanied by an incapacity to manage both the person and property, the result of a premature and natural decay of the mental faculties, independently of any physical alteration in the nervous matter which would justify us in bringing the person so affected within the wise and protective influence of the law? It is quite possible that in some conditions of the mind, “*interdiction*” and “*protection*” may be desirable for the purpose of guarding the person and property of the individual, who could not, without an act of great injustice, and a monstrous and cruel perversion of the law and of science, be pronounced to be, in the right acceptation of the term, either insane, imbecile, or a lunatic. Should such a class of cases be recognised by statute, and made the subject of legal inquiry and protection, it will be necessary for us to adopt proceedings very dissimilar to an ordinary commission *De Lunatico Inquirendo*; neither should we be justified in applying to those so brought within the jurisdiction and control of the law, the terms usually adopted in writs of this description: such as lunatic, imbecile, idiot, or unsound mind.

There are upon record cases of this kind, which have been made the subject of judicial inquiry. In the case of *Ridgway v. Darwin*, a commission of lunacy was supported against a person who, when sober, was a very sensible man, but being in a constant state of intoxication, he was pronounced incapable of managing his property. This liberality of courts of justice is clearly at variance with the *dicta* of Lord Coke, who pronounced the drunkard to be “*a voluntarius demon*.” By the Roman law, if a man by notorious prodigality was in danger of wasting his estate, he was considered as *non compos*, and committed to the

care of *curators* or tutors, by the prætor. By the laws of Solon such prodigals were branded with perpetual infamy. Blackstone questions the propriety of the Roman and Grecian law with regard to drunkards and spendthrifts. He says, it was doubtless an excellent method of benefiting the families, but it hardly seems calculated for the genius of a free nation, who claim and exercise the liberty of using their own property as they please. "*Sic utere tuo ut alienum non lædas*," is the only restriction our laws have given with regard to economical prudence.

The medical witness deputed to ascertain the state of mind of a party, prior to the presentation of a petition to the Court of Chancery for the issuing of a commission *De Lunatico Inquirendo*, is required to prepare for the consideration of the Lord Chancellor, an affidavit embodying the facts, and his opinion of the case. I would advise the witness not to remain satisfied with one examination of the alleged lunatic, even if the insanity should be very apparent and obvious. The court is better satisfied if the affidavit of the medical *expert* is based upon several interviews. The opinion of the witness assumes a legal form whilst in the hands of the solicitor, and the party giving it, is required to appear at the affidavit office, or before one of the commissioners appointed by the Lord Chancellor, to administer oaths in Chancery, to swear to the accuracy of the document. It is very important that the medical witness should, at the moment of the examination or immediately afterwards, take *full notes* and accurate dates of every conversation with the person whose state of mind is likely to be the subject of investigation. If called upon to give *vivâ voce* evidence, he will be permitted to refer to these memoranda, if made at the time of examination. It should also be borne in mind, that the opposing counsel and judge (if the commission be contested) have a right to see and examine, in open court, the notes of the medical witness. Before being called upon to give evidence at a commission of inquiry, he is generally expected, by repeated interviews with, and examinations of, the alleged lunatic, to have made himself fully acquainted with all the peculiar and characteristic features of the case, and to have satisfied his mind as to the existence, not only of mental derangement, but of insanity associated with an inability from disease of managing both the person and property. In our examina-

tion of the alleged lunatic, we must not take for granted every statement alleged against him ; but it is our duty to investigate for ourselves into the truth of the representations made for the purpose of establishing a case of insanity against the person whose capacity and sanity of mind we are deputed to examine. In the generality of instances, the delusions of the party are apparent, and we have little or no difficulty in detecting the mental derangement. In many cases, the intellect is reduced to a sad state of imbecility ; and in this class of case we have no obstacles to interfere with our arriving at a right conclusion ; but doubtful instances occasionally are brought under our notice, giving rise to considerable anxiety, and requiring for their successful exposition great caution, much time, and patience. Delusions are sometimes cunningly concealed for a length of time, and notwithstanding we are certain that they exist, no amount of ingenuity will induce the patient to disclose them, particularly if made aware of the object of our visit. I had recently to see a lady whose insanity was manifested in a remarkable degree in her every action ; but after paying her several visits, I found it impossible to induce her to exhibit any one delusive impression or insane idea ; but no sooner had I left the room, than her conversation and conduct became outrageously insane. Many insane persons are able to talk with apparent rationality, but cannot write without exhibiting their insanity. I have examined recently one very remarkable case of this kind, in a clever, well-read, and intellectual woman, whom I had occasionally to visit. I never could detect the slightest aberration of mind in her conversation, and yet almost invariably upon my leaving, she placed in my hands a letter (which had been written previously to my calling), full of the most absurd extravagancies and fancies ; accusing strangers, myself, and the members of her family, of being engaged in a deeply-concocted conspiracy against her property and life. Several of these peculiar and interesting cases are recorded, and the medical man has been advised, with the view of obtaining an insight into the true condition of the mind, to open a correspondence with the alleged lunatic, upon the principle that few persons positively insane can, for any length of time, write, without exhibiting their delusions, whatever amount of self-control they are able to exercise over their thoughts and morbid ideas, during protracted conversations. It is essential

for us to ascertain the degree of knowledge possessed of the ordinary and every-day occurrences of life. Upon one occasion I was conversing with a person whose state of mind was the subject of investigation, and finding him rational, and apparently sane upon all points, I questioned him as to who was the reigning sovereign, without knowing he had any delusion upon the point. The person immediately started from his chair, exclaiming, in an excited tone of voice, "I am the sovereign!"

It is a usual practice to test the alleged lunatic's knowledge of the elements of arithmetic, and to ascertain whether he has any idea of the ordinary rate of interest obtainable for money in the funds, or other modes of investment. It would also be desirable to place before him a simple sum of addition and multiplication. The medical witness may be asked whether he has pursued this mode of examination, particularly in cases of impairment of mind and imbecility occurring early in life. On this account I bring these apparently trivial and unimportant matters before you.

Upon one occasion the mental incapacity of a party was clearly exhibited, by his being easily induced, in the presence of his solicitor, to write the physician who examined him a check for £500, in payment for some imaginary service that had been rendered him. It was palpable that a man who could thus commit himself with a stranger, would be the willing dupe of any designing person who might be disposed to take advantage of his mental infirmity, and therefore was quite unfit for the management of his person or property. The "arithmetical test," as it is termed, is, in cases of doubtful insanity, of no value *per se*. It is only when conjoined with other evidences of mental impairment and admitted incapacity, that any importance should be attached to it. The position in life of the party, the amount of education he has received, his age, and the opportunities which have been afforded him of acquiring information respecting the ordinary commercial or business affairs of life, should invariably be considered whilst testing the capacity.

In commissions of lunacy, the witness must not only be prepared to give an opinion as to the then state of mind of the party, and competency to take care of his person and manage his affairs, but he must be prepared, occasionally, to pronounce judgment as to a prior questionable condition of brain and mind.

The alleged lunatic may, under the exercise of undue influence, have previously alienated his property by will, or been induced to execute other important documents. The witness will be called upon to depose as to the probable state of the brain at the time, and as to the length of the alleged existing attack of insanity. Well-marked symptoms of organic cerebral disease may be present; and it will, in some cases, be an important point to decide, whether such a condition of physical ill-health has not been of some years' duration, impairing the mental vigour, destroying all power of rational conduct and healthy continuity of thought, and thus interfering with a right exercise of the judgment and affections, in the legitimate disposal of property.

The witness, in giving evidence, must abstain from the use of pedantic terms, and technical phraseology. The more simple, unaffected, and unadorned his statement, the greater will be its moral weight. He should carefully and scrupulously avoid all *positiveness* and *dogmatism*, and his testimony ought to be accompanied with judicious qualifications, when relating to cases of difficulty, doubt, and obscurity, respecting which there may, even among eminent scientific men, be great discrepancy of opinion. Dr. W. Hunter, when speaking of the confidence placed in the evidence of men of science, observes, "Some of us are a little disposed to grasp at an authority in a public examination, by giving a quick and decided opinion, which should have been guarded with doubt; a character which no man should be ambitious to acquire, who, in his profession, is presumed every day to be deciding nice questions, upon which the life of a patient may depend."* The evidence of the medical *expert* should impress the court with the conviction that his opinion has not been hastily, crudely, indiscreetly, or rashly formed. It should appear as the result of a full, careful, deliberative, and scientific consideration of the case. Having a lucid conception of the nature of the evidence he is prepared to give, the witness should quietly, but manfully and firmly, maintain his position, and not permit himself to be confused or driven from his point by the cunning artifice of counsel, or thrown off his guard by the disingenuous remarks of the judge. A medical witness, whilst under examination respecting the grounds upon which he had

* On the Uncertainty of the Signs of Murder. By Dr. W. Hunter.

signed a medical certificate of lunacy, after having stated very fairly his reasons for so doing, was subjected to a close examination. He replied to the interrogatories to the best of his ability, rigidly adhering to the simple facts of the case. The answers to the questions did not appear to satisfy the counsel, and he exclaimed, in a pet, "*That* (referring to a particular reply) is not the answer *I wish*." The proper and immediate rejoinder was, "I know not what reply *you wish*, but it is the only one I have the power of giving, and the only one I can give, consistently with my view of the facts of the case." In the celebrated Bainbrigg Will Case, tried at the Stafford Assizes, a physician, whilst under examination, was asked a question respecting monomania. He replied to the interrogatory, coupling with his answer an observation, that he was of opinion that cases of pure monomania did not exist. The judge immediately interposed, and stopped the witness, observing, rather sharply, that he (the physician) was well acquainted with the legal and generally-received definition of monomania, and he must adhere to that, for the court could not listen to any metaphysical or psychological discussion about the term. "Monomania," said the judge, "implies a delusion upon one point, the mind being apparently sound and sane upon all others." It would be well for the witness to avoid such altercations, and never permit himself to be involved in a metaphysical disputation. No good can result to our own character, or to the party in favour of whom we appear, by thus entangling ourselves in a philological dispute with the judge, or by attempting any precise medical or psychological definition of terms. Whilst strongly recommending the witness to maintain a firm and manly bearing, I would at the same time caution him against the attempts, if such should be made, to involve him in personal altercations with counsel. It will often be his duty, when under examination, to exercise great self-command, amidst extreme irritation. He should never lose his temper, or indulge in witticisms or retorts upon counsel, even if a happy occasion should present itself for a display of such repartees or pleasantries. An apothecary, who had previously acted as clerk to a barrister, was, whilst under examination in one of the courts in Westminster Hall, asked to inform the court, how long he had changed his position in life? The witness replied, "I began the study of medicine at a much earlier period of life

than the late Lord Erskine did that of law, and he attained to far greater eminence in his profession than ever you will!" The judge did not forget this piece of impertinence; for, when alluding to the evidence of the apothecary, he observed, "that whatever knowledge that witness had obtained in studying his *two* professions, it must be clear to every one, that he had not acquired a knowledge of *manners*." These injudicious attempts to "*trim* the lawyer," to "*set him down*," and to "*fight him with his own weapons*," almost always recoil upon the witness. A carpenter was under examination in reference to a serious affray of which he had been cognisant. He was asked, how far he was from the spot at the time of the occurrence? The witness stated the distance with minute exactness, even to the fractional part of an inch. Being then asked, what induced him to qualify himself to give so singularly minute, and precise an answer, he replied, "that, thinking some fool might ask him the question, he had taken the precaution of accurately measuring the ground." This was viewed at the time as a happy *hit*; but it would seriously damage the weight of scientific evidence, and interfere with the legitimate course of justice, if witnesses were allowed, even under admitted provocation, to thus unseemly conduct themselves whilst assisting in the solemn administration of the law.*

Should counsel be disposed, not for the purpose of eliciting the truth, but with the evident object of puzzling and confusing the witness, unconsciously impaling him upon the horns of a metaphysical dilemma, designedly to subject him to an unfair examination upon abstract points, thus purposely placing him in a ridiculous position, and damaging his testimony, I would advise the witness respectfully to refuse to reply to the questions, intimating to the court that he was of opinion that they had no direct reference to the point at issue, and could not, in his

* Dr. Bankhead, the private physician to the late Lord Castlereagh, when giving evidence in a case of great importance, was subjected by the counsel, then Mr. Brougham, to a severe cross-examination. The Doctor, in reply to a question, gave an answer which was not deemed at all satisfactory. Mr. Brougham, looking steadfastly at the witness, held up his finger, and pointing it significantly at him, repeated in a measured tone of voice the interrogatory. Dr. Bankhead appeared much irritated at Mr. Brougham's mode of elevating his finger, and manner of repeating the question, and he immediately clenched his fist and shook it at the counsel. Mr. Brougham requested that the witness should inform the court why he assumed so menacing an attitude. He replied, that "it was his practice, whenever a gentleman pointed his finger at him, to shake his fist in return."

opinion, throw any light upon the nature of the case under consideration. I will, with the view of conveying an idea of the kind of metaphysical disputation to which a medical witness has occasionally to submit, cite a portion of the examination of a psychological *expert* in a case of disputed insanity.

Q. What would you call insanity? A. Some derangement of the intellectual faculties, or of the passions, either general or partial.—Q. What do you call a derangement? A. An alteration from a natural or healthy state.—Q. What do you call the intellectual faculties? A. The faculties by which we reason, compare, and judge.—Q. What do you call the affections and passions? A. They are called the motive powers or faculties.—Q. What are the intellectual faculties? A. Comparison, judgment, reflection.—Q. What is comparison? A. By comparison we compare two or more things with each other.—Q. What is judgment? A. Judgment enables us to choose between two or more things after comparison has done its work.—Q. What is reflection? A. The comparison and judgment bestowed upon a subject.—Q. Where do you find the faculty of judgment described? A. I have not given it from any author whom I can name.—Q. Is there any such faculty as the will? A. I don't know that the will could hardly be called a faculty.—Q. What is it? A. The will is a power—a determination of the mind to do something. I wish to avoid going into a metaphysical discussion.—Q. What kind of a power is the will—physical or mental? A. It belongs to the mental powers.—Q. What is the difference between the mental powers and the intellectual faculties? A. I don't make any difference.—Q. Then do you call the will an intellectual faculty? A. It does belong to the faculties of the mind. I do not think it is very properly called a faculty: a good many things go to make up the will.—Q. Where does it operate from? A. I should be glad to avoid any metaphysical discussion about the will. I am not now prepared to go into it. The will is an operation of the mind. If the passions and affections are in action, they determine the individual to do something, and that is called the will.—Q. Is the will passive, then? A. I cannot say that it is passive; I should call it active. The intellect directs the determination to do something, and that determination is the will.—Q. But what part do the passions perform? A. The will is an operation of the mind;

the passions and affections determine the act. The will is the result.—Q. What has judgment to do with the will? A. It directs the will. It takes both judgment and the will to choose. Q. What is reason? A. Reason is an exercise of the intellectual faculties.—Q. Is reason a faculty of the mind? A. I should not call it a faculty; it embraces several faculties—memory, comparison, judgment, and some others, all form the reason.—Q. Have you any experience in the treatment of the insane? A. I have not. I have seen many in the almshouses at Philadelphia.—Q. Have you seen persons that you would not know to be insane from observation? A. Yes; and I have seen those that I should not know to be insane without being told.*

Many witnesses seriously commit themselves by an undue *loquacity*. This fault—and it is a prevalent and a very serious one—cannot be too rigidly guarded against. Keep to the text; answer the questions tersely, and epigrammatically; and if you should be called upon for a further explanation, let it be brief, and to the point. “I have heard,” says Dr. Gordon Smith, “a very eminent lawyer, after putting a peremptory interrogation to a witness, add, with much energy, ‘Now, sir, that is my question, and I will have an answer *yea* or *no*!’ It is not very likely that such an overbearing manner will often be observed towards us; but something allied to it might be shown by an advocate, who, having framed a question especially to suit a particular purpose, might not be inclined to trust the discretion of the witness, or disposed to risk any other answer than that he has baited his question for. Our business must be to inform the *court* and the *jury* of the *truth* of the matter, and to disregard the *tenour* of the question, when it is apparent that it is not intended to elicit the truth, still more so if its obvious bent is to disguise it.”

The witness should carefully divest himself of all appearance of partisanship. A quiet, calm, respectful demeanour—and a cautious and modest expression of opinion, even in cases which admit of no doubt—always convey a favourable impression to the court, and give additional weight and influence, to medico-legal evidence. He should remember that in all probability the course of examination is carefully pre-

* The trial of W. Freeman, for the murder of John G. Van Nest, Auburn. 1848.

pared, it being the object of the advocate to obtain from him a reply to a *consecutive series of questions*, thus gradually unfolding and eliciting the truth. Should he, in his eagerness and anxiety to make a favourable impression upon the court, anticipate the interrogatories, he might seriously interfere with the conduct of the case, and injure the cause he is most anxious to uphold.

It occasionally occurs that a medical witness may be fully competent to give sound and satisfactory evidence in relation to the presence of insanity, without having the power of clearly stating the grounds for his opinion. A medical gentleman, upon being asked, whether he considered a certain person of unsound mind, replied that such was his belief. He was then requested to state his reasons. He said he had formed his conclusion from the "general manner," and "deportment of the patient." The witness was then asked, to describe the "manner," and "deportment," to which he referred. He replied that the patient was "odd in his manner, and had an insane and peculiar appearance about his eye and countenance;" but upon being closely pressed by counsel to describe these symptoms more minutely to the jury, the witness was at once nonplussed, became embarrassed, and broke down. He had a lucid and a *right* opinion of the *matter of fact*, but had no power of describing the symptoms from which he had formed his conclusions. Many men are fully able to give testimony as to *results*, but are totally incompetent to explain the process of reasoning, or succession of thought, by which they have been led to the deduction. A man of practical good sense, who, upon being appointed governor of a colony, had to preside in its court of justice without previous judicial practice or legal education, received the following advice from Lord Mansfield: "Give your decisions boldly, for they will probably be right; *but never venture on assigning reasons, for they will almost invariably be wrong.*" Lord Mansfield knew, says Mr. Mill, who relates the story, that if any reasons were assigned, they would necessarily be an after-thought, the judge being *in fact* guided by impressions from past experience, without the circuitous process of framing general principles from them; and that if he attempted to frame any such, he would assuredly fail.* It would not be

* System of Logic, by J. Stuart Mill, vol. i. p. 254.

difficult to account, psychologically, for a defect of this kind. Are we not daily in the habit of meeting men who have, in relation to matters of art, &c., an *intuitive* perception of the true and beautiful, but who have no power of describing or analysing their sensations and perceptions?

A favourite manœuvre of counsel, is to ingeniously construct a number of hypothetical cases, apparently illustrative of the point at issue, and to place them *seriatim* before the witness, with the view of obtaining his opinion of each individual symptom of the alleged mental condition. The replies to such interrogatories, if unguardedly expressed, are often subsequently referred to, for the purpose of damaging his evidence. We should protect ourselves from these legal onslaughts, by carefully considering, before we commit ourselves to an answer, the precise bearing of every interrogatory; it must be rapidly viewed in all its relations, and if we are not thoroughly satisfied as to its character, it is our duty to request the counsel to repeat the question. If we do not clearly perceive its tendency, we must protect ourselves, by carefully qualifying our answer. In a case where the validity of a will was contested, on the ground of the insanity of one of the subscribing witnesses, it appeared in evidence that he had at one time entertained some absurd delusions, and had attempted suicide; but that for a few months prior to the execution of the will he had repudiated the delusions, quietly pursued his studies, had written a book, and in fact was apparently well, with the exception of his being unusually shy, with a desire for solitude. To one of the witnesses, who had spoken in favour of the sanity of the party, the following question was put:—"Supposing he had committed murder about the time he had witnessed the will, would you have considered him as morally responsible for the act?" This question is said to have been artfully founded upon the imputed disposition of the witness to admit too readily the plea of insanity in criminal cases. The court would not allow the question to be answered, but the reply would not have promoted the object of the counsel.*

In giving evidence, it is necessary to remember that the counsel is not permitted to ask the witness to form an opinion of the condition of mind from the testimony of others.' As

* American Journal of Insanity.

far back as 1760, Lord Hardwicke, then sitting as Lord High Steward at the trial of Earl Ferrers, decided that such evidence was not legally admissible. A witness, he declared, could not be asked whether the facts sworn to by other witnesses preceding him amounted to insanity; he may be asked if such and such symptoms were, in his opinion, indications of insanity, but the witness cannot be removed from the witness into the jury box. Evidence of this character is admitted in American courts of law. In the case of *Hawthorn v. King*,* the question of the sanity of a testator was tried, and the counsel for the appellant moved that the attending physicians should be allowed to state whether, in *their opinion*, the deceased, at the time of executing his will, was of sound and disposing intellect. This was objected to, on the ground that the *sanity of the party must be determined by his conversations and actions*. These were said to be the only standard. It was alleged that if such a question were put to the physicians, it would be placing them in the position of the jury. The court, however, took a more liberal view of the matter; and considering very properly that the *truth* was the great and ostensible object in view, overruled the legal objection, and allowed the question to be asked, stating that the medical witnesses would be permitted to give their reasons for any opinion they might entertain.

All attempts at a *definition* of insanity should be avoided.

——— “For to define true madness,
What is't? but to be nothing else but mad!”†

The legal profession is too disposed to regard all judicial investigations involving the question of mental capacity, as they do proceedings at *nisi prius*; and under, I have no doubt, a conscientious appreciation of their functions as advocates, often strive their utmost to destroy, if possible, the opposing medical testimony. Knowing the obscurity of the subject, and the difficulties with which the medical witness has to contend, in giving an accurate definition of insanity, the counsel most unfairly endeavours to pin him down to one; and then, by demonstrating its fallacy, overthrow the whole moral effect of his testimony. If asked to define insanity, it will be more judicious at once to candidly acknowledge our utter incapacity to comply with the

* Massachusetts Reports, vol. viii. p. 371.

† Shakespeare.

request, than, by a vain and ostentatious display of metaphysical lore, to peril the life and interest of a fellow-creature.

There are two principal modes of establishing the existence of insanity during investigations under a writ *De Lunatico Inquirendo*; first, by proving the existence of a *specific* delusion; and, secondly, by showing that the party was guilty of a series of acts of extravagance, in opinion and conduct, originating in unsoundness of mind. The first is the most satisfactory and conclusive kind of evidence; and, when clearly established, carries conviction to the judgment of the court. When the proof depends upon the existence of a series of extravagancies, the witness must protect himself against a common mode of legal procedure. A number of acts of eccentricity and oddity, both in ideas and conduct, are detailed by him, from which he very rightly, and justly, infers the existence of unsoundness of mind. Viewed collectively, these afford irrefragable evidence of a certain questionable mental condition; but in the cross-examination, counsel, by a well-known mode of legal analysis, skilfully separates the whole conduct of the supposed lunatic into detached portions or sectional divisions; and putting each extravagance, eccentricity, and oddity (alleged to be symptomatic of insanity) *seriatim*, to the witness, inquires, whilst specifying such *individual characteristic symptoms*, whether each one, considered independently of the others, is, in his estimation, a proof of incapacity, insanity, or unsoundness of mind; and thus, unless conscious of the purport of the questions, the witness may be reduced, by his replies, to the necessity of renouncing his previously expressed opinions; or of absurdly maintaining them after all the facts upon which they are based are knocked from under him by the cleverness and ingenuity of counsel!

Refusing to involve himself in a metaphysical disputation, by declining to give a definition of insanity, the witness will, in all probability, be asked, what is insanity, and by what process of reasoning he has arrived at the conclusion that the party respecting whom he is giving evidence is incompetent for the government of himself and his affairs, or is of sound, or unsound mind? In reply to such interrogatories, it is sufficient for him to say, generally, that he has formed his judgment of the condition of mind by the *conduct, conversation, and ideas* of the person;

by considering the symptoms of the case in the aggregate, specifying, of course, the morbid peculiarities of conduct, and the character of the delusive impressions. By this general mode of recording his opinions, the witness will protect himself from a legal snare often laid to entrap and embarrass him.

But whilst suggesting the avoidance of all definitions of insanity, I consider it necessary to recommend the witness to be prepared to answer satisfactorily any questions that may have reference to the scientific import of the terms ordinarily referred to in these judicial inquiries, to designate recognised legal forms of insanity—viz. *delusion*, *idiocy*, *dementia*, and *imbecility*, &c. I have often been amazed at the answers received by counsel to questions of this character, and given, too, by witnesses of known experience, and established reputation. A medical gentleman of some position, whilst giving his evidence very recently in a disputed commission of lunacy, in answer to the question of counsel, defined *idiocy* to be “*inertness of mind*.” The acute lawyer made the most of this unfortunate definition; and feeling that he had within his grasp a witness who used terms without having any clear idea of their signification, tortured him to his heart’s content, much to the annoyance of the medical gentlemen and the amusement of the court.

It is important that we should remember, that in all contested cases of lunacy, relating to the administration of property, it is a matter of moment for counsel, supporting the commission, if he cannot exact an admission of insanity, to induce the witness to acknowledge the existence of an incapacity (apart from the presence of actual lunacy) to manage both the person and property. If the question is: “Do you consider the party of unsound mind?” and the answer should be either negatively, affirmatively, or of a doubtful character, the witness, in all probability, will be immediately asked, “Do you consider the party capable of taking care of himself, and of managing his property?” Upon one occasion, a question of this character was put to myself. “Yes, *legally* competent.” “Legally competent!” echoed Sir F. Thesiger; “pray, sir, leave *us* (the lawyers, of course) to decide that point.” He was most anxious to force from me an admission, that, in the ordinary acceptation of the term, the party was not in a condition to take care of herself, or to manage her property; but drawing what I conceived to be a psychological dis-

inction between *natural* and *healthy incapacity*, and *the incapacity the effect of insanity*, I refused to make the admission he was anxious to obtain, and which, if procured, would, I have no doubt, have been turned adroitly against me. It was upon the same occasion, and during the same inquiry, that I was asked, whether, if *I* thought the party were competent to manage herself and her affairs, the *world* would be of the same opinion? I replied, "that, upon intricate and disputed questions of science, I did not think the opinion of 'the world' a safe guide." Upon which Sir F. Thesiger rejoined, "*Then, I presume, you look down upon the opinions of the world?*"* If I had been permitted, I might have quoted in justification of my remark, the sentiments of a modern philosopher of no mean repute: "The general voice of mankind, which may often serve as a guide, because it rarely errs widely or permanently in its estimate of those who are prominent in public life, *is of little value when it speaks of things belonging to the region of exact science.*"† The opinion of the majority upon questions within the comprehension and grasp of men of ordinary intelligence and natural sagacity, is entitled to our profound respect. It may be, and often is right. But does not history satisfactorily establish, that what in common parlance is designated as the "generally-received opinion" is occasionally very remote from the truth?

"Interdum vulgus rectum videt, est ubi peccat."—HOR.

There is a *legal* incapacity, and, according to law, it is the consequence of diseased, or unsound mind. There is also ordinary and natural incapacity, which may co-exist with a healthy and a sound understanding. This important and essential distinction, the medical witness should never overlook, when giving his evidence.

Having offered some advice to the witness relative to his general deportment whilst recording his evidence, and endeavoured to convey to him some conception of the legal and psychological import of the term "unsoundness of mind," I would take

* I should regret if any of my readers for one moment imagined that I in the slightest degree complain of the course of examination pursued by this able, honourable, and justly distinguished advocate. The conduct of Sir F. Thesiger during the painful and protracted inquiry into the sanity of Mrs. Cumming, is beyond all praise. In his zeal for the interests of his client, he never deviated from the deportment of the gentleman.

† History of the Inductive Sciences, by Dr. Whewell.

this opportunity of making some remarks upon the importance of avoiding a vague and indefinite application of this phrase. We should enter the court with a clear, precise, and scientific appreciation of the *medical import* of the term. This is most essential to our credit. An indiscriminate and lax use of the word is *invariably* used to our disadvantage and discomfiture. I have seen the most able medical witnesses break down, in consequence of neglecting to be cautious in this particular.

It was at the commission of lunacy instituted with the view of annulling Miss Bagster's marriage with Mr. Newton, on the ground of imbecility, that Dr. Haslam made his celebrated declaration as to his belief in the universality of unsoundness of mind.* Whilst being examined by the present Lord Chief Baron, then Sir F. Pollock, Dr. Haslam was asked the following questions:—Q. Is she (Miss Bagster) of sound mind? A. I never saw any human being who was of sound mind.—Q. That is no answer to my question. A. I presume the Deity is of sound mind, and He alone.—Q. Is that your answer? A. I presume the Deity alone of sound mind.—Q. How many years have you been a mad-doctor? A. About forty.—Q. When did you learn that the Deity was of sound mind? A. From my own reflections during the last fourteen years, and from repeated conversations with the best divines in the country.—Q. Is Miss Bagster of sound mind? A. Competently sound.—Q. Is she capable of managing herself and her affairs? A. I do not know what affairs she has to manage.—Q. How often have you given evidence before commissions of lunacy and before a jury? A. I cannot tell. I don't know.—Q. Have you any notion? A. Notion is very much like knowledge.—Q. Have you any idea? A. An idea is a visible perception and a direct recollection.—Q. Have you any belief? A. I cannot say that I have any belief, for that is a direct recollection.†

To say nothing of the impropriety and bad taste of the witness

* Sir W. Follett observed, when commenting upon this declaration, "that Dr. Haslam had only followed in the wake of Lord Ellenborough, who, during the trial of Mr. Perry, of the *Morning Chronicle*, for a libel in ascribing mental imbecility to the late King George III., remarked that it was no libel to ascribe to any man unsoundness of mind, *for none, save the Deity, was of perfectly sound mind.*"

† During a debate in 1843, in the House of Lords, on the subject of "*Insanity and Crime*," Lord Campbell, in course of his speech, said, "I know a very distinguished medical practitioner, Dr. Haslam, who main-

involving himself in a contest about words, and thus fencing with counsel, I would observe, that had Dr. Haslam recognised the principle to which I have given exposition, and, in reply to the interrogatories, refused to allow the existence of any unsoundness of mind that was not the *direct result or offspring of disease*, an unfortunate admission, like that to which I have referred, and with which medical witnesses, in cases of insanity, have so often been twitted, never would have been made. If this physician had qualified his opinion by stating that, according to his observation and judgment, there were few minds in a perfect state of development, well-balanced, and disciplined, without some natural eccentricity, or weakness, or in which some one or two ideas had not obtained a predominance, and exercised an influence incommensurate with their value, he would only have given expression to sentiments in conformity with the general experience of all thinking men; but having been appealed to by the court, as an *expert*, and a man of science, to decide the solemn questions of sanity and moral responsibility, it was imperative upon him to have been more guarded and precise in the use of terms having a recognised, popular, legal, and medical, import. Dr. Haslam's absurd dogma may be in harmony with the "melancholy madness of poetry,"* and in unison with the fanciful creations of the novelist, but it is certainly not in accordance with the calm speculations of the philosopher.

" 'All men are mad,' the raging poet cries,
Each frantic reader, 'not quite all,' replies;
Lifting his jaundiced eye, 'not all, sir, sure,'
Cries rich Avaro, 'mad beyond all cure';
'Not all,' coy Chloe adds, by wine made bolder;
'Not all,' repeats the parrot, from her shoulder;
The pensioned peer affirms, 'it is not so';
The mitred politician echoes, 'no!'
Each for himself and friends, the charge denies,
And Bedlam joins to curse poetic lies."

"Disorders of the intellect," says Dr. Johnson, "happen much

tained, not that there were many who *were* more or less insane, or that all of us *had been* insane at one period of our lives, but that *we all were actually insane*."

Lord Brougham.—"I have heard him say it."

Lord Campbell.—"I, too, have heard him say it repeatedly, and Dr. Haslam would have been ready to prove it."—*Hansard's Parliamentary Debates* for 1843, vol. lxvii. p. 741.

Need we, after such a declaration, feel any surprise at the attempts made to repudiate medical testimony in cases of insanity?

* Junius.

more often than superficial observers will easily believe. Perhaps, if we speak with rigorous exactness, no human mind is in its right state. There is no man whose imagination does not sometimes predominate over his reason, who can regulate his attention wholly by his will, and whose ideas will come and go at his command. No man will be found in whose mind airy notions do not sometimes tyrannize, and force him to hope or fear beyond the limits of sober probability. All power of fancy over reason is a degree of insanity; but whilst the power is such as we can control and repress, it is not visible to others, nor considered as any deprivation of the mental faculties; it is not pronounced madness, but when it becomes ungovernable, and apparently influences speech and action.”*

In this passage the celebrated moralist uses the terms “insanity” and “madness” in their popular and vulgar signification, irrespectively of any attempt at psychological accuracy, or exactness. But the medical witness is not, in the slightest degree justified, in adopting the dicta of Dr. Johnson, or any other writer, however elevated his status in literature, science, and philosophy, who thus unscientifically, vaguely, and indiscriminately, uses these important medico-legal terms. But medical men are not alone censurable for attaching to this phrase a general and an unphilosophical acceptation. Eminent legal writers—distinguished members of the bar—celebrated statesmen—following the example of the great lexicographer, have talked of insanity and unsoundness of mind without any regard to the right acceptation of the words. In the eloquent speech of the Solicitor-General during the trial of the Earl Ferrers for the murder of his steward, the following observations occur :—“ Every violation of duty proceeds from insanity. All cruelty, all brutality, all revenge, all injustice, is insanity; there were philosophers in ancient times who held this opinion as a strict maxim of their sect, and I consider the opinion right in philosophy, but dangerous in judicature. It may have a useful and a noble influence in regulating the conduct of men, in inducing them to control their impotent passions—in teaching them that virtue is the perfection of reason, or reason is itself the perfection of human nature—but not to extenuate crimes, nor to excuse those punishments which the law adjudges to be their due.” Here again we perceive the error into which the most distinguished men in the legal as well as in our

* Rasselas.

own profession have fallen, by refusing to recognise the great psychological fact, that *no mind can properly be considered to be "unsound" or "insane" which is not subject to actual disease*, the "insanity" and "unsoundness" being invariably the products—the effects—the consequences, of some deviation from the healthy condition of the brain, its vessels or investments, disordering the mental manifestations.

Having previously explained what I conceive to be a right definition of the term delusion,—if a definition of the word be practicable, and within the genius of our language,—and having, I hope, clearly and conclusively established, that the non-existence of a delusion is no proof of the *absence* of insanity, unsoundness of mind, and legal irresponsibility, I would, with submission to those who may be called upon in our courts of justice to give evidence in these important cases, offer a few suggestions respecting the legitimate medical interpretation of this disputed phrase. Much of the conflicting character—much of the discredit which has, alas! attached to medico-legal evidence—much of the odium and obloquy thrown upon the examinations of medical men in disputed cases of insanity—may, undoubtedly, be traced to a want of a right and philosophical appreciation of the terms we employ whilst recording our testimony. The word delusion has been exposed to much abuse. No two witnesses appear to have the same conception of the phrase, and consequently advantage is taken of this discrepancy of opinion, and evidence which ought to be considered as extremely valuable, has, in reality, little weight with the court.*

The word delusion is often improperly used to express an erroneous conception, a wrong deduction, an illogical conclusion, a false inference, a palpable fallacy, an unphilosophical result. It is unnecessary for me to remark, that no mind, however well-organized, whatever may have been its degree of training, or the extent of its knowledge, is free from such healthy and normal

* Much has been said of the want of unanimity of opinion among medical men of admitted science and experience in reference to questions of insanity. Is it possible, or even desirable, to have uniformity of sentiment? "I have heard," says Lord Campbell, in his "Life of the Earl of Eldon," "his lordship cite with great glee a saying of Lord Thurlow, that the decrees of the Scotch judges were least to be respected when they were unanimous, as in that case they, probably without thought, had followed the first of their number who had expressed an opinion, whereas, when they were divided, they might be expected to have paid some attention to the subject."

aberrations. The philosophical opinions of one era are succeeded by those of the following epoch ; one sect of philosophers triumphantly overturning the brilliant theories and speculations of those that preceded it. Fashion, peculiarity of education, caprice, social, moral, and political conditions, all may greatly influence, and often do operate, not only in modifying the prevailing opinions and ideas of individuals, but of large sections of society, as well as of nations themselves ; thus inducing trains of thought, and mental sequences, apparently inconsistent with our modern ideas of healthy regularity or even sanity of mind. The superstitious notions and practices of the Brahmins, and of the inhabitants of many portions of the uncivilized world, may appear to us to indicate insanity and unsoundness of mind. But are we justified in this opinion ? The general belief, once entertained, of the possibility of curing, by means of the royal touch, a most loathsome disease ; the credence attached to the trial by "ordeal of touch," and to witchcraft, even by men of great intellect and learning, holding the highest judicial positions in the country,—were compatible with healthy and rational understandings. Even in our own time, men, whose sanity of mind cannot for a moment be questioned, arrive, by what *they* conceive to be a cautious and philosophical process of induction, at the most absurd conclusions, paradoxes, and fallacies, in open violation of all the elementary rules of logic, right principles of ratiocination, and obviously at variance with the views generally entertained by truly philosophic, thinking, and reflecting men. But are we justified in designating these false inferences, defective reasoning, illogical conclusions, arrogance, conceit, and folly, as *delusive*, and *therefore* as indicative of insanity ? A man, in a healthy state of mind, may believe himself capable, in certain exalted conditions of the nerves of sense, of seeing through the *epigastric* region, or a nine-inch brick-wall ! He may also consider it possible under the influence of the phenomena of mesmerism, to transfer his spirit into another state of existence,—and, after placing the party to be operated upon under mesmeric influence, to substitute his own volition for the will of another. If I were asked in a court of justice whether I considered chimeras and monstrosities like these to be delusions, I should unhesitatingly reply, *that they were not so, in the right*

acceptation of the term. In common parlance they are vulgarly so denominated, but speaking, as we ought always to speak when in the witness-box, with a proper appreciation of the science of psychology, and the philosophic and philological import of terms, I would suggest, that *no notion of the mind, however ridiculous, illogical, fallacious, and absurd, should be admitted to be a delusion, or evidence of unsound mind, unless it be obviously and unmistakably the product of a diseased intellect.* It is the object of counsel to confound the medical witness; to obtain from him an admission that certain extravagant opinions and anomalous articles of belief are delusions and symptoms of insanity; and selecting, perhaps, the most unphilosophical results at which men have arrived, the witness is requested to say, whether, in his estimation, they are not morbid exaggerations of the fancy, delusions, and evidences of mental derangement? A physician was asked, during a judicial inquiry as to the sanity of a party, whether he believed in the so-called phenomena of mesmerism? He replied in the negative. He was then interrogated whether he did not consider a man to be under a delusion who could bring his mind to believe that, whilst in a mesmeric trance, he could see through a nine-inch brick-wall? The physician immediately answered, that such would be his impression. Having obtained this unfortunate admission, the counsel proceeded to prosecute his examination, and the following questions were then put:—Q. Are you not aware of the existence of a section of educated and scientific men who firmly believe in the truth of mesmeric phenomena? A. Yes.—Q. Do they not consider it possible to see without the aid of ordinary vision? A. Yes.—Q. Are there not a few medical men of repute who have given in their adherence to this opinion? A. Yes.—Q. Do you know Dr. ———? (mentioning the name of a physician of great repute). A. Yes.—Q. Are you not aware that *he* has publicly professed his belief in the existence of what you term a delusion? A. Yes.—Q. Then it is your opinion that Dr. ——— is of unsound mind? The witness at once perceived the dilemma in which he was placed, by not recognising the distinction between a false conclusion, an illogical and unphilosophical deduction, and those conceptions or delusions of the *diseased mind*, the products of insanity, and was unable to escape from the grasp of the acute

lawyer, without materially damaging his evidence. The counsel, in his address to the jury, was not forgetful of this admission, and with indignant eloquence asked, what credit they could attach to the opinion of a witness who pronounced men of established repute, in consequence of their belief in mesmerism, to be under the influence of a delusion—in fact, to be of unsound mind?

If this gentleman had entered the witness-box with a philosophic appreciation of the import of the word, no ingenuity or special pleading of counsel, however exalted his reputation for legal subtlety, his expertness in the cross-examination of witnesses, and adroitness in obscuring the truth, would have induced him to fall so readily into his power. I again advise the medical witness never to admit any idea to be delusive, unless it be obviously and palpably the offspring, the product, not of a mind unevenly balanced, with a natural disposition to distort facts, believe in bad logic, or in any gross absurdity of the day, but of *an understanding perverted by disease*. Healthy minds, sane understandings, vigorous intellects have been known to imbibe the most extravagantly false notions, and to arrive at the most outrageous results, and to be subject to the most extraordinary idiosyncrasies of thought and feeling. These must be denounced and exposed as absurd, dangerous, and unphilosophical deductions or principles of belief; but let us not pervert the use of language by designating them as *delusions*, and adduce them as proof of insanity! The term “healthy delusion,” which has been occasionally used by men of scientific eminence, when discussing these questions, is equivalent to the phrase “*healthy* unsoundness of mind,” and “*normal* insanity.”*

There are other occasions requiring the evidence of the members of our profession before we are warranted in interfering with the liberty of the subject. By various Acts of Parliament enacted for the purpose of regulating the confinement of persons on the ground of insanity, it is wisely provided that no step of this nature is legal unless under the sanction of two

* In the celebrated Commission of Lunacy upon Mr. Davies, Dr. Haslam was much laughed at for talking of the alleged lunatic having a “delusion of manner!” Lord Brougham was extremely happy in his comments upon this unfortunate expression.

medical certificates. The power so invested in the hands of two legally qualified practitioners has been made the subject of much comment and animadversion. It has been said, that the legislature is not justified in thus placing the freedom of the citizen at the mercy of two professional gentlemen, who may either be incompetent from ignorance to decide the question of insanity, or may be agents in the hands of unprincipled relations or designing friends, who may, from sinister motives, be desirous of depriving him of his free agency, and the control of his property. With the view of meeting this popular objection, various modifications of the law have been suggested. It has been proposed that, previously to the actual confinement of the alleged lunatic he should be taken before a magistrate or a judge of an inferior court, and that the case should be submitted to the consideration of a jury prior to the certificates of the medical men being acted upon! Again, others who feel more strongly upon this question, and who denounce all confinement, except in cases of acute insanity, accompanied by acts of great violence, as monstrous and unjustifiable outrages, propose that, in every case, a commission of lunacy should issue, for the purpose of considering, whether the party represented to be insane be sufficiently so to justify his being placed *in duress*. With deference to those who have originated these suggestions, I am bound to declare them to be totally impracticable. There are many cases of insanity requiring to be placed under temporary surveillance and proper medical and moral treatment which could not be exposed to any of these preliminary ordeals without imminent danger to life, or without seriously interfering with the safety of the patient, and perhaps altogether retarding his recovery. In many incipient forms of insanity, where the symptoms are acute and associated with much physical disturbance, a speedy re-establishment of health may generally be expected if the patient be removed, temporarily, from the morbid associations of home, and immediately brought within the sphere of systematic medical treatment. In cases of this description, a non-medical jury or judge, ignorant of the character of these affections, and unable to detect the nice shades of incipient insanity, or to recognise the immense importance of prompt and energetic treatment in the early stages of this disease, would,

in all probability, from a sense of justice, refuse to sanction confinement of any description, unless in cases of glaring, violent, palpable, mental derangement. No judge and jury, however upright in character, and honest in intention, can be considered qualified, unassisted by medical evidence, to adjudicate in these important and delicate cases, unless they have acquired, by patient study and long-continued practical observation, an intimate knowledge of the varied phases and subtle phenomena of mental disease. When referring to the charge of an anonymous slanderer, that some medical men, from their poverty, might be bought over to sign the fatal document by the bribes of avaricious relatives, it has been justly observed that, "Although abuses have taken place, we do not believe there ever existed any ground for such an imputation as this; and we are quite satisfied that, in the present day, if no other principle restrained a man from granting a certificate improperly, the certainty of detection would deter him. If the case were to be considered by a jury or county judge, as a preliminary step to confinement, there would be no end to litigation and expense. One half of the alleged lunatic's estate would go to settle whether he should be confined, and the other half under a commission to determine whether or no he was a fit subject for interdiction!"

But let me ask, whether the power so invested in us by the statute law is abused, and whether any necessity exists for legislative interference? Judging from my own experience of documents of this character, I can truthfully affirm that I have never seen an instance—a solitary example—in which the practitioner was not fully justified in certifying, not only to the existence of insanity, but to insanity of such a kind and degree as to justify immediate surveillance. To the honour of our much-slandered profession, I would add, that I firmly believe, as a body of men constituting an important section in the community, we are scrupulously, conscientiously, cautious and exact in the exercise of this power, and that the instances of abuse are so rare, that it would be an act of great injustice to throw, by any alteration of the law, any doubt upon the honesty and integrity of our profession. I trust the day may never arrive when legal will be substituted for medical authority in

these cases, and a non-professional judge or a jury be empowered to interfere with the legitimate functions of the medical practitioner ! Surely we are, by education, habits of thought, knowledge, and experience, peculiarly fitted to solve the intricate and knotty point involved in the elucidation of doubtful cases of insanity. Sad will be the day for our science when the medical, moral, or judicial care of the insane is transferred from the hands of the medical profession to those of the barrister, highly as I respect his honourable vocation.

Having made these preliminary observations relative to an important part of the subject, I now proceed to refer more specifically to the duties devolving upon the profession when called upon to certify in cases of alleged mental incapacity, prior to the removal of the patient to a place of confinement. The law wisely requires the production of two medical certificates, not only of insanity, but of insanity to such an extent as to justify restraint, either in private lodgings or in public or private asylums. The Act of Parliament makes the preliminary step imperative *under all conditions of moral restraint*, on the ground of insanity, excepting when the person is confined in *his own* house, or is placed under the care of one who receives no payment for his support. No insane person can be legally controlled in a private house or lodgings without an order for his detention is filled up and signed, or without two medical certificates. The Act of Parliament also requires that *every person* receiving and taking charge of an idiot, lunatic, or party of unsound mind, should make an official return of the fact to the Commissioners in Lunacy.

Great caution is necessary before, under such circumstances, certifying to insanity. In the majority of cases in which we are called upon to testify to the existence of lunacy, the derangement of mind is generally so obvious, and is accompanied by such violence, extraordinary delusions, and excitement, that the medical man has little or no hesitation in complying with the provisions of the statute, and of immediately signing the necessary legal document. But cases do occasionally occur in which much prudence, judgment, and great caution are requisite. Statements may be made to the medical practitioner by the relatives of the alleged lunatic, which, if true, clearly indicate the necessity for

prompt interference; but it is our duty to avail ourselves of every reasonable opportunity of ascertaining, not only whether certain facts have not been exaggerated, but whether there is any truth in the evidence adduced to us as proof of the presence of mental derangement. In signing a certificate of lunacy, it should never be forgotten that we may, even at a distant period, be called upon to defend the act in a court of law. This renders imperative, great caution and careful inquiry, in every case presented to our notice.

If it should be represented, that the patient has been guilty of acts of violence, ascertain under what circumstances they were committed. Also inquire whether there has been any reasonable provocation, and if he has acted under the influence of a delusion, natural violence and impetuosity of temper, or has been justified by *actual circumstances, in so committing himself*. If insane, he may be guilty of an outrage quite disproportionate to the exciting cause. Under the impression that a person supposed to be insane, was inclined recklessly to squander his property, a member of the family or friend might feel himself justified in secreting the patient's cheque-book—in placing his private papers in a position of security. A knowledge of these facts may, in a person of irritable temper, and perfectly sound condition of mind, induce great irritation and provocation, and probably lead to acts of violence and resentment; but if, influenced by such a cause, the patient were to procure a pistol or a knife, with the object of revenging himself for such an apparent insult and interference with his private property, we could not consider this, coupled with other symptoms, otherwise than suspicious evidence of insanity, justifying protection. Insanity often exhibits itself in an unhealthy exaggeration of actual circumstances, conditions, or facts. Should the person accuse others of robbing him, ascertain, as far as is consistent with the respect due to those about the patient, whether there is any foundation for the statement. In some cases, it is difficult to arrive at the truth; but it is our bounden duty, our solemn obligation, to fully inquire into every particular likely to throw light upon the case before interfering with the liberty of a fellow-creature by certifying to his insanity. In some instances, the alleged lunatic, fully sensible of the object of the professional man's visit, and knowing what ulterior

measures are to be adopted, will set the medical examiner at complete defiance, and resolutely deny all the representations of those about him.

I had to examine a remarkable case of this nature. I was requested to see a gentleman who was said to be suicidally insane. Upon inquiry, I ascertained, from good authority, that under the influence of most distressing hallucinations he had attempted to hang himself. The patient firmly, earnestly, and apparently with great truthfulness, resolutely and repeatedly denied the fact. He declared that it was an invention—a pure creation of the imagination, originating with his family; that he was happy, subject to no depression, had a strong wish to live, and great fear of death. I examined him, in conjunction with another physician, and neither of us could seize hold of the salient point, or satisfy himself that the man was actually insane. But we asked ourselves, what motives could his family have for thus misrepresenting the facts of the case? We felt quite assured, from the character of the evidence presented, that an attempt at suicide had been made; but the patient, with an ingenuity which would have reflected credit upon a *nisi prius* lawyer, parried, with great skill, all the questions, and gave such prompt and happy replies to our anxious interrogatories, that we were compelled to admit ourselves, for a time, perfectly defeated. By a course of conversation, I drew the gentleman's thoughts into a different channel; and whilst my attention was apparently directed elsewhere, I kept a close watch upon all his movements. I perceived, as I imagined, some kind of instrument projecting from his pocket. He perceived that my eyes were directed to this, and he immediately expressed an earnest wish to leave the apartment. I at once said, "I cannot permit you to do so, until I know what you have concealed in your trowsers' pocket." He at once manifested signs of embarrassment and excitement, and rising rapidly from his seat, endeavoured to rush out of the door. He was immediately prevented from doing so, and his pockets emptied, and a razor discovered. In his pocket-book a letter was found, which he had written the same day, and addressed to the coroner, intimating to him that he was pursued by an evil spirit, and this impression had driven him to commit an act of self-destruction! Fortunately for our

own reputation, and for the patient's life, this providential discovery was made.

It may be necessary to see and examine the patient on more than one occasion before the physician is satisfied as to the actual state of his mind. In cases of doubtful character, I would suggest that this course should invariably be adopted, taking the necessary precaution to recommend close vigilance during the interregnum. I suggest this course, in consequence of my being acquainted with the case of a lady, whose removal from home was for a few days temporarily postponed, in compliance with the cautious and judicious advice of the medical man, who admitted that he could not detect, according to his apprehension, sufficient evidence of insanity to justify him in signing the certificate. During the interim, she succeeded in destroying herself! In a few instances we are justified in partially acting upon the representations of the family and friends of the alleged lunatic. If a delusion be detected, it must be referred to; and if the patient has committed any overt acts of violence, or manifested a suicidal disposition, it is our duty to refer to these facts, guarding ourselves by stating, that we have derived such information from parties immediately about the patient. It is important, in all cases, to specify the character of the existing delusion. The expression of a belief in the fact of delusive ideas, and of the presence of abstract insanity, without a specification of facts, renders a medical certificate invalid. I have often seen certificates worded to this effect: "I have formed my opinions from the fact of the party being insane"—"being under delusions"—"being excited"—"being violent." These generalizations should be carefully avoided: the more concise the account of the patient's condition, the closer will it be in unison with the expressed wish of the Commissioners in Lunacy. The record of one clear and unmistakable delusion is quite sufficient for all legal purposes. But cases do occur where no delusion can be detected, and yet confinement may be absolutely necessary. Under such circumstances, it is the duty of the medical man to enter more into detail as to the facts of the case. Perhaps I may be excused for suggesting, that in every instance of this kind, the parties should keep copies of their certificates.

Having, I think, conclusively established that we have no

uniform legal or medical test of insanity to which we can safely appeal in criminal cases, you will ask, have I any psychological *criteria* to suggest for the safe guidance of the profession?—can I propound any principles which will assist the medico-legal witness in arriving at a satisfactory result? In reply to these interrogatories, I allow that we have no infallible standard, no certain principles which would admit of general and indiscriminate application. The only safe rule upon which we can act, is that of comparing the mind of the alleged lunatic, at the period of his suspected insanity, with its prior, natural, and healthy manifestations; *to consider the intellect in relation to itself*, and to no artificial *à priori* test. Dr. Haslam suggests that the mind of the physician should be the standard by which the sanity should be determined; but this is presuming the mind of the physician to be healthy and sound. In the language of Dr. Combe, “the true and philosophical standard in all cases is the patient’s own natural character, and not that of the physician or the philosopher. It is the prolonged departure, without an adequate external cause, from the state of feeling and modes of thinking *usual* to the individual when in health, that constitutes insanity in the true medical acceptance of the term.” This portion of my subject is, however, too comprehensive in its character to admit of elucidation in this lecture.

I have endeavoured in the preceding observations to place before you a sketch—a mere outline—of the character of the evidence admissible in our civil, criminal, and ecclesiastical courts, in cases of disputed lunacy, and I have, to the best of my ability, but still I fear very imperfectly, delineated the duties—the anxious functions—specially devolving upon us, when, in the exercise of one of our responsible vocations, we are called upon for our opinion as medico-legal witnesses in cases of alleged insanity. There is, unhappily, a prevailing prejudice—an illiberal feeling—manifested towards those whose province, and, I may add, whose happiness and privilege it is to stand prominently forward, upon these occasions, to aid by their evidence the administration of justice, under circumstances peculiarly solemn and affecting. These sentiments are not restricted to persons ignorant of the great truths of psychology, and of the characteristics of deranged mind, but they are, to some extent, participated in by

a few narrow-minded men among ourselves, who, from motives difficult to divine, evince a disposition to disparage the benevolent and Christian efforts of those who, in the discharge of an imperative professional duty, are ever ready to interpose between the insane criminal and the dreadful and terrible punishment of the law. It may be argued, that this feeling, both in and out of the profession, has been the result of a disposition on the part of the medico-legal psychologist to sanction by his evidence an unphilosophical, dangerous, and a lax use of this plea. If such a tendency has been exhibited, may it not have been the effect of the most benevolent motives—the offspring of truly noble aspirations?—have originated in feelings that do honour to human nature?—have arisen from a conviction that it is our duty to temper justice with mercy, and from a strong conviction that, in obedience to one of the great principles of British Jurisprudence, we are bound, upon all occasions, to give to the unhappy culprit the benefit of any doubt that may arise respecting his sanity and legal responsibility? In considering this question, we should never forget in many criminal cases the alliance to insanity is close—the line of demarcation between the two conditions indistinct, vague, and shadowy—the boundary separating crime from insanity obscure—the one state often, almost imperceptibly, blending with the other, and that the facts associated with the criminal act so analogous to the recognised phenomena of mental disease, that the medical witness, feeling that in his hands is deposited the life of a fellow-creature—that upon his evidence depends the decision, whether the extreme penalty of the law is to be carried into effect—he, under the conflicting and painful emotions which such a position is calculated to call into active exercise, hesitates in consigning a fellow-creature to an ignominious death, if he can, without doing violence to his judgment and conscience, record his opinion in favour of the prisoner's insanity.

We have only to glance the eye over the tabular statement suspended near me, in order to form a correct idea of the relationship between the criminal and the insane mind.* The

* Vide Table, at the end of the volume, showing, in numerous cases, the close alliance between crime and insanity.

table to which I now refer was not drawn up designedly to establish this position ; but does it not clearly prove—forcibly establish—the painful fact, that there is in existence a large amount of crime closely connected by hereditary predisposition and descent with diseased mind ? Does not a recognition of this truth establish to us, as Christian philosophers, the necessity of cultivating more benevolent feelings, a more enlarged and expansive philanthropy, towards those who, if not morbidly impelled to the commission of crime by an originally malformed cerebral organization, inherit from their parents a marked predisposition to irregularity of thought and action, which ought to appeal—powerfully appeal—to us when estimating the degree of moral guilt attached to any deviation from our *à priori* notions of healthy intellect, or strict moral rectitude ? I maintain, and facts—an overwhelming mass of facts—clearly, irresistibly, and conclusively demonstrate my position,—that there is a vast amount of crime committed by persons, who, if not “legally” or “medically” insane, occupy a kind of *neutral ground between positive derangement and mental sanity*. I do not broach this idea with the view of supporting the absurd, unphilosophical, and dangerous opinion, that *all* crime is more or less referable to aberration of mind ; but I do affirm, that in estimating the AMOUNT OF PUNISHMENT to be awarded, it is the solemn duty of the judge, not only to look at the *act itself*, but to consider the *physical* condition of the culprit—his education—moral advantages—prior social position—his early training—the temptations to which he has been exposed—and above all, WHETHER HE HAS NOT SPRUNG FROM INTEMPERATE, INSANE, IDIOTIC, AND CRIMINAL PARENTS.

“The little I have seen of the world,” says an able writer, with a capacious heart, overflowing with love for his fellow-creatures—“the little I have seen of the world and know of the history of mankind teaches me to look upon the errors of others in sorrow, not in anger. When I take the history of one poor heart that has sinned and suffered, and represent to myself the struggles and temptations it has passed—the brief pulsations of joy—the feverish inquietude of hope and fear—the tears of regret—the feebleness of purpose—the pressure of want—the desertion

of friends—the scorn of the world, that has little charity—the desolation of the soul's sanctuary, and threatening voices from within—health gone—happiness gone—even hope, that stays longest with us, gone,—I have little heart for aught else than thankfulness that it is not so with me, and would fain leave the erring soul of my fellow-man with Him from whose hands it came.”*

In venturing, with great submission, to make these observations, after offering my grateful thanks to the President, Council, and Fellows of this learned Society, for the courtesy, kindness, and generous indulgence which have been manifested towards me during my period of office, I would, in conclusion, protect myself from the imputation of giving utterance to—of breathing the faintest semblance of—an expression that would justify a doubt as to the existence in my mind, of a feeling of deep reverence, and profound respect, for those great and illustrious men, whose unrivalled erudition—brilliant attainments—fervid, glowing, and impassioned eloquence—world-wide reputation—whose universally acknowledged public and private worth, must, as long as the mind retains its appreciation of virtue, its love of liberty, and admiration of genius, be closely identified, and indissolubly associated, with the brightest and most hallowed periods of the constitutional, parliamentary, and legal history of our country. But may I not ask, whether, since the times of Lord Coke, Sir Matthew Hale, Judge Blackstone, Lord Hardwick, Lord Mansfield, and Lord Chancellor Erskine, we have made no progress in the important truths of medical-psychology—have obtained no clearer insight into the phenomena of the human mind—are not more intimately acquainted with its diseases—and do not entertain more benevolent, just, philosophical, and enlightened views of the great subject of crime, and of the principles of civil and constitutional law?

Can we set bounds—prescribe limits—easily appreciable, well-defined limits—to the progress of knowledge? Have we not, within the last half century, made giant and colossal strides in all departments of art, philosophy, and science? Does not the genius of man indignantly repudiate all attempts to

* Hyperion, by Longfellow.

fetter its onward advance, and tie it down to the crude, exploded, and obsolete dogmas of past ages? If such be the fact in relation to the mathematical and physical sciences—to chemistry, medicine, physiology, mechanics, political and social economy, why, I ask, should the great subject now under consideration be the only exception to the general law regulating human progression? Whilst referring to the great intellects and master-minds of former epochs, as well as to the illustrious men of a more recent period, may I not exclaim,—

“Great men were living before Agamemnon,
And since, exceeding valorous and brave.”

CRIME AND INSANITY.*

(A Tabular Statement referred to in page 155.)

Initials of Criminal	Verbatim Extracts from Letter of Referee.	Observations on Degree of Intellect, &c., by the Chaplain when first seen.	Schoolmaster's Report on leaving the Prison.	State on leaving the Prison, as noted by Chaplain.
J. C.	Mother touched with symptoms of insanity.	... ..	Improved in reading and writing.	Improved generally.
R. L.	Grandmother insane ...	Read imperfectly.	Read well; write imperfectly; 4 rules of arithmetic.	
J. H.	Sister rather weak in mind.	Only knew the alphabet	Read and write well; Rule of Three.	Very cheerful; improved in general knowledge.
H. N.	He and most of his family evinced symptoms of insanity.	Of the lowest kind.	Read very imperfectly; write a little; learned a little arithmetic.	Sent away incorrigible.
J. C.	Two sisters insane ...	Of the lowest intellect; did not know A, B, C.	Read well; write tolerably; 4 rules.	Somewhat improved in general.
D. M.	His mother subject to nervous fits.	... ..	Read and write well; Rule of Three.	Mentally, not morally, improved.
J. D.	One of his family (his mother, as I have every reason to believe), labouring with insanity.	... ..	Read and write well; 4 rules.	Improved, in religious knowledge; very cheerful.
R.	Of a simple turn of mind. Uncle in an asylum.	... ..	Improved considerably ...	In Scriptural knowledge also.
W. J., alias W. C. B.	Skull fractured three years ago.	... ..	Improved in reading and writing; Rule of Three.	Improved in Scriptural knowledge.
W. G.	Sister considered rather silly.	Of lowest intellect; did not know the alphabet.	Read and write imperfectly; 4 rules.	Cheerful.
A. H. L.	Had become <i>dejected</i> and <i>absent</i> after failure in business, and showed symptoms of <i>insanity</i> .	Very low in spirits.	Read and write well; Rule of Three.	Much improved in spirits; found comfort in religion.
J. N.	Considered rather as an <i>idiot</i> .	Very low degree of intellect.	Read and write well; Rule of Three.	Improved in general knowledge.
W. N.	Almost <i>irresponsible</i> ...	Of very weak intellect	Well educated previously ...	Rather improved mentally.
A. A.	Weakness of mind; made sport of by fellow-servants.	Low in spirits and in intellect.	Read and write well; Rule of Three.	Mentally improved.
F. W. K., alias A. K.	Uncle died in an asylum; another committed suicide. Father and sisters considered weak.	Low in spirits; over-active mind; disliked his trade.	Very well educated	Morally improved.
J. M. F.	Mother's brother is reported to be imbecile; harmless if let alone.	Of a low degree of intellect.	Read and write well; Rule of Three.	Improved in general; was recommended to be master tailor on board ship.
R. B., alias E. E. S., a Jew.	Not considered quite correct in his mind. Aunt mad for a long time.	Peculiar turn of mind.	... ..	Greatly improved, especially in Scriptural knowledge.
D. M.	Considered a simpleton	Low intellect ...	Read well; write imperfectly; 4 rules.	Improved generally.
J. M., alias J. T.	Uncle killed himself in a fit of insanity.	Low in spirits and intellect.	Read well; write tolerably; Rule of Three.	Much improved.
C. J. C.	Eldest brother exhibited symptoms of insanity.	Good intellect	Well educated	Improved generally.
T. N.	Whole family eccentric; and very weak in intellect.	Weak intellect	Read and write well; Rule of Three.	Improved generally.
R. R.	Uncle's intellect affected at times.	Low intellect; only knew the alphabet.	Read well; write imperfectly; 4 rules.	Improved generally.

* From No. 163 of the "Quarterly Review."

Initials of Criminal	Verbatim Extracts from Letter of Referee.	Observations on Degree of Intellect, &c., by the Chaplain when first seen.	Schoolmaster's Report on leaving the Prison.	State on leaving the Prison, as noted by Chaplain.
J. T.	Father died a lunatic ...	Ordinary intellect.	Reads and writes well; Rule of Three.	Very much improved in general.
J. S.	I have thought, and more, I am sure, that at times he was not altogether right in his head.	More than ordinarily reserved and very dull.	Read tolerably; wrote imperfectly; improvement very little.	On the whole rather improved.
H. C., alias L.	The prisoner's conduct, more especially his wandering propensities, are irreconcilable with perfect sanity.	A good intellect; apparently much compunction for sin.	Could read and write well; considerably advanced in the higher rules of arithmetic. Improvement tolerably fair.	Improved very much. Found peace and comfort in the Gospel.
G. R.	He was not quite sound in mind, and sometimes not conscious of what he was about. His own sister destroyed herself.	A very low-spirited man.	Could read and write very well; considerably advanced in the higher rules of arithmetic; intelligent. Made fair improvement.	Improved in spirits. Found comfort in religion also, I think.
W. H.	His mother has evinced symptoms of insanity within the last three years.	Nothing at all peculiar.	Read well; wrote tolerably; higher rules of arithmetic. Improvement tolerable.	Improved very much, especially in the memory. Gave himself to learning hymns, chapters, &c.
H. L.	His father was subject to fits.	Very low spirited	Could read and write well; mensuration. Improvement tolerable.	Very down-hearted; would have sunk here, I think, but for some religious hope.
J. B.	One member of the family has exhibited symptoms of insanity.	Ordinary ...	Read well; wrote tolerably; knew the common rules of arithmetic. Very much improved.	Improved.
H. B.	I have known the prisoner to have fits when over-fatigued.	Ordinary ...	Read well; wrote tolerably; common rules of arithmetic. Improvement tolerable.	Very cheerful.
J. K.	He received an injury in his head, from which time he became flighty and unsteady. His father was in some measure imbecile in both body and mind.	A very active mind, but most perverse.	Could read and write well; higher rules of arithmetic. Improvement tolerable.	Cultivated his mind assiduously, but was very perverse to the last.
W. S., alias R.	Has found him a little insane at times; he was kicked by a horse in the head.	Ordinary ...	Could read well; wrote tolerably; knew the first 4 rules in arithmetic. Improvement little.	Rather improved
W. F.	I knew him to labour under a severe nervous fever for several months, which I always observed afterwards to cause a lowness of spirits. It was about 8 years since.	Good, but his constitution apparently weakened by intemperance.	Read and write well; advanced in higher rules of arithmetic. Tolerably improved.	Very cheerful; much improved, I think, in every way. Gave great attention to religion.
J. A., alias E. W.	Has not his senses perfect.	Half-witted ...	Could read well. Made scarcely any improvement.	Rather worse.
W. D., alias J. B.	I fully believe him to be at times insane. His maternal grandfather died insane.	Clever; good, but perverted and abused.	Was well educated on admission. Was excused from school; improved himself tolerably by reading and private study.	Not improved.
W. B.	Very soft in many things	Low intellect ...	Could scarcely read any. Very little improved.	Rather worse.
J. D.	His grandmother is in a lunatic asylum.	Ordinary, but very dull.	Read well; wrote tolerably; first 4 rules of arithmetic. Improved a little.	Improved rather in spirits.

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